

# JM “SUPPLIER’S”

ALL TYPE OF INDUSTRIAL WORK & LABOUR SERVICES

## COMPANY PROFILE

### 1. ABOUT US

JM “SUPPLIER’S” Services is a professional labour contract and manpower service provider. We provide reliable, disciplined and workforce-oriented manpower solutions to industrial and corporate organizations. Our focus is on timely manpower deployment, workforce discipline, safety awareness and smooth day-to-day operations.

### 2. OUR SERVICES

- Labour Contract Services
- Industrial Manpower Supply
- Skilled, Semi-Skilled and Unskilled Manpower Supply
- Production & Manufacturing Support Manpower
- Housekeeping and General Support Manpower
- Loading, Unloading and Material Handling Manpower
- Plant / Factory Support Services



### 3. OUR STRENGTHS

- Valid Labour Contract / Manpower-related licence and statutory compliance approach
- Ability to mobilize manpower as per client requirement
- Experienced supervision and workforce coordination
- Focus on discipline, punctuality and productivity
- Safety-conscious working practices
- Transparent communication with client management
- Commitment to continuity of manpower and service quality

#### 4. WORKFORCE CAPABILITY

JM“SUPPLIER’S”Services can arrange manpower requirements according to the nature, scale and operational needs of the client. Workforce categories and deployment strength can be finalized as per the company's requirement and applicable statutory norms.

#### 5. COMPLIANCE & DOCUMENTATION

We are prepared to submit the required statutory, labour-law, identity, licence, insurance and other compliance documents as applicable to the contract and client requirements.

#### 6. WHY JM SUPPLIERS

- Professional and responsive service
- Reliable manpower deployment
- Client-focused coordination
- Operational flexibility
- Emphasis on safety and workplace discipline
- Long-term business relationship approach
- Laboure supply from **MAHINDRA & MAHINDRA PVT LTD**
- Job work from **ZENIT METAPLAST PVT LTD**
- Job work from **VITAL PVT LTD**
- Job work from **BAREWETHER PVT LTD**
- Job work from **V -3 ENTERPRISES**
- Job work from **LOCKSMITH PVT LTD**

## 7. PROPRIETOR / CONTACT DETAILS

|                                    |                                                                                                                                                  |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Firm Name</b>                   | JM "SUPPLIER'S"                                                                                                                                  |
| <b>Proprietor</b>                  | Mohasin Mahamad Maniyar                                                                                                                          |
| <b>Proprietor Mobile no.</b>       | 9765511666                                                                                                                                       |
| <b>GST NO</b>                      | 27ANTPM8438J1Z4                                                                                                                                  |
| <b>ESIC NO</b>                     | 36000155040001099                                                                                                                                |
| <b>Employer provident code no</b>  | 10001229388NSK                                                                                                                                   |
| <b>Registered / Office Address</b> | Flat no 15/1, B wing, vishwshanti apartrment<br>behind patel kirana ABB cercle, in fornt of new ZP<br>office, Trambak road, mahatmanagar -422005 |
| <b>Contact person name</b>         | Rahul Singh                                                                                                                                      |
| <b>Mobile No.</b>                  | 8793532255                                                                                                                                       |
| <b>Email ID</b>                    | mohasinmaniyar@gmail.com                                                                                                                         |

  
ALL TYPES OF INDUSTRIAL WORK AND LABOR SUPPLY

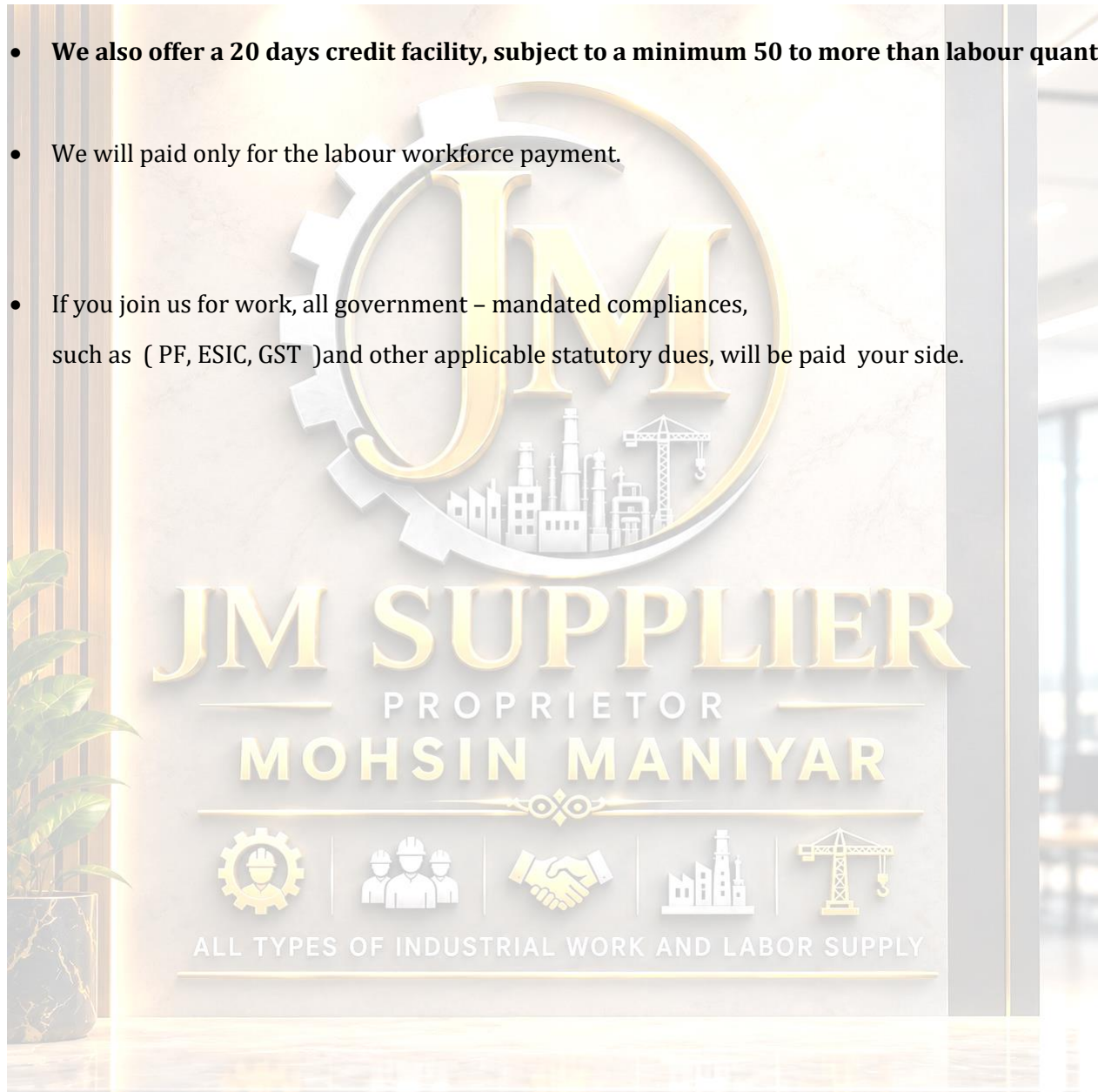
**J M SUPPLIERS**  
*Mohasin*  
Proprietor

THANK YOU

Mohsin Mahamad Maniyar

## 8. Terms and condition.

- Since you are joining us to work together, there should be a formal agreement between your company and ours.
- We also offer a 20 days credit facility, subject to a minimum 50 to more than labour quantity.
- We will paid only for the labour workforce payment.
- If you join us for work, all government – mandated compliances, such as ( PF, ESIC, GST )and other applicable statutory dues, will be paid your side.





(Amended)

Government of India  
Form GST REG-06  
[See Rule 10(1)]

Registration Certificate

Registration Number :27ANTPM8438J1Z4

|                                                                                                                              |                                        |                                                                                                                                |            |                                                                                      |                |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------|----------------|
| 1.                                                                                                                           | Legal Name                             | MOHASIN MAHAMMAD MANIYAR                                                                                                       |            |                                                                                      |                |
| 2.                                                                                                                           | Trade Name, if any                     | J M SUPPLIERS                                                                                                                  |            |                                                                                      |                |
| 3.                                                                                                                           | Additional trade names, if any         |                                                                                                                                |            |                                                                                      |                |
| 4.                                                                                                                           | Constitution of Business               | Proprietorship                                                                                                                 |            |                                                                                      |                |
| 5.                                                                                                                           | Address of Principal Place of Business | GALA NO.50, RANA PRATAP CHOWK, MINI MARKET CIDCO, NASHIK, Nashik, Maharashtra, 422009                                          |            |                                                                                      |                |
| 6.                                                                                                                           | Date of Liability                      | 01/07/2017                                                                                                                     |            |                                                                                      |                |
| 7.                                                                                                                           | Date of Validity                       | From                                                                                                                           | 01/07/2017 | To                                                                                   | Not Applicable |
| 8.                                                                                                                           | Type of Registration                   | Regular                                                                                                                        |            |  |                |
|                                                                                                                              |                                        | Signature valid                                                                                                                |            |                                                                                      |                |
| 9                                                                                                                            | Particulars of Approving Authority     | Digitally signed by SWATI ASHOK SAINADANE, Goods and Services Tax Act, 2017<br>TAX NET (4)<br>Date: 2022.07.11 13:30:48<br>IST |            |                                                                                      |                |
| Signature                                                                                                                    |                                        |                                                                                                                                |            |                                                                                      |                |
| Name                                                                                                                         |                                        | SWATI ASHOK SAINADANE                                                                                                          |            |                                                                                      |                |
| Designation                                                                                                                  |                                        | State Tax Officer                                                                                                              |            |                                                                                      |                |
| Jurisdictional Office                                                                                                        |                                        | AMBAD_703                                                                                                                      |            |                                                                                      |                |
| 9. Date of issue of Certificate                                                                                              |                                        | 11/07/2022                                                                                                                     |            |                                                                                      |                |
| Note: The registration certificate is required to be prominently displayed at all places of Business/Office(s) in the State. |                                        |                                                                                                                                |            |                                                                                      |                |

This is a system generated digitally signed Registration Certificate issued based on the approval of application granted on 11/07/2022 by the jurisdictional authority.



## Annexure A

### Details of Additional Place of Business(s)

|                                |                          |
|--------------------------------|--------------------------|
| GSTIN                          | 27ANTPM8438J1Z4          |
| Legal Name                     | MOHASIN MAHAMMAD MANIYAR |
| Trade Name, if any             | J M SUPPLIERS            |
| Additional trade names, if any |                          |

Total Number of Additional Places of Business(s) in the State 0



## Annexure B

GSTIN 27ANTPM8438J1Z4  
Legal Name MOHASIN MAHAMMAD MANIYAR  
Trade Name, if any J M SUPPLIERS  
Additional trade names, if any

### Details of Proprietor

1



Name MOHASIN MAHAMMAD MANIYAR  
Designation/Status PROPRIETOR  
Resident of State Maharashtra



**Sub-Regional Office**  
EMPLOYEES' STATE INSURANCE CORPORATION  
Panchdeep Bhawan, Plot No. P-4, MIDC Area, Triambak Road,  
Satpur, Nasik-422007. (Maharashtra)

C-11 Regd. with a.d.

To  
M/s. J M SUPPLIERS

Dated : 1/6/2023

Flat No 9 Dream Residency  
Nr Patidar Bhavan Jail Road Nashik  
Nashik, 422101

**Subject:- Implementation of the E.S.I. Act, 1948 and Registration of Employees of the Factories and Establishments under Section 1(5) of the Act, as amended.**

Dear Sir(s),

1. It is informed that under section 1(3) of the esi. act, 1948 is applicable to all factories/establishments covered under the act within the area where your factory/establishment is situated
2. It is further informed that the appropriate government has extended the provisions of the act to other establishments under section 1(5) of the act in this area
3. Under section 2 a of the act such a factory/establishment is required to register itself under the act and chapter iv thereof casts a responsibility on the principal employer thereof to get his employees registered and pay contributions in respect of these employees covered under the act.
4. On the basis of the particulars in respect of your factory/establishment submitted by you, the report of the inspection conducted by the Social Security Officer, who inspected your establishment on -NA-, your establishment falls within the purview of Section 1(5) of the Act with effect from 31-05-2023. In case, however, subsequent facts reveal that your establishment was coverable from a date prior to the date mentioned above, you shall make yourself liable to comply with the provisions of the Act from such earlier date.
5. It is requested to take immediate steps for registration of your employees by submitting declaration forms online, payment of contribution, maintenance of records etc. from the date of coverage of your factory/establishment under the act. \*\*You are also requested to submit employer's registration form (form 01) as required under the provisions of sec.2-a of the esi act , 1948 read with regulation 10-b of the esi(general), regulations, 1950.
6. For the sake of convenience your establishment has been allotted code No **36000155040001099** which may kindly be used in all communications sent to this office and on all forms at the place indicated for the purpose. The Branch Office of the Corporation situated at **Pachadeep Bhawan, Plot No-4 Tribak Road, Satpur, Nasik - 422007** has been instructed to render necessary assistance to you in connection with registration of your employees. In case you find any difficulty or for any other purpose which may be necessary in connection with the Scheme you are requested to contact the Manager of the above Branch Office who will render necessary help in the matter.
7. A State wise list of ESI Dispensaries is available on our website [www.esic.nic.in](http://www.esic.nic.in) under the link Directories which can be downloaded. It is requested that publicity may be given about the Employees' State Insurance Dispensaries to enable your employees to choose their E.S.I. Dispensaries

8. The corporation officials would be pleased to give all necessary and possible guidance to you in discharging your duties and obligations under the esi act, 1948 and I am confident of prompt and timely compliance under the provisions of the ESI act and regulations on your part.

9. All the Branches of State Bank of India are authorized to accept the ESI Contribution .

10. The brochures/leaflets containing benefits available under the scheme and obligation of the employer etc are available on our website [www.esic.nic.in](http://www.esic.nic.in) under the link Publications which may be downloaded for wide publicity for the smooth functioning of the scheme

11. Please indicate your code no. on all correspondences to avoid delay

Yours faithfully,

Asstt./Dy. Director

End. : As state above

Copy for information and necessary action to:

Name of the principal employer :

No. of employees : 10

ENSURE - TO INSURE ALL ELIGIBLE WORKERS WITH ESI FOR TOTAL SOCIAL SECURITY



**EMPLOYEES' PROVIDENT FUND**  
(A statutory Body under the Ministry of Labour and Employment,  
[www.epfindia.gov.in](http://www.epfindia.gov.in))

**PROVIDENT FUND CODE NUMBER INTIMATION**

No : 10001229388NSK

Date : 29/05/2023

**To**

MOHASIN MAHAMMAD MANIYAR  
Proprietor  
MOHASIN M MANIYAR  
Plot No.9, Dream Presidency Near Patidar Bhavan, Vidya Nagari  
Jail Road Nashik Road NASHIK  
MAHARASHTRA - 422101

Sub: Allotment of Code Number to establishment M/s MOHASIN M MANIYAR under Employees' Provident Fund and Miscellaneous Provisions Act, 1952-regarding.

**Sir/Madam ,**

Based on the information submitted online by you, your establishment is registered with Employees' Provident Fund Organisation with the following code number :

**Code Number : KDNSK2946334000**

This code number is allotted based on the following declarations by you:

- |                                                 |                                                 |
|-------------------------------------------------|-------------------------------------------------|
| 1. Name of Establishment                        | : MOHASIN M MANIYAR                             |
| 2. PAN of Establishment                         | : ANTPM8438J                                    |
| 3. Date on which employment strength crossed 19 | : 01/05/2023                                    |
| 4. Section under which                          | : 0000001(4)                                    |
| 5. Primary Activity                             | : OTHERS                                        |
| 6. Ownership Type                               | : Proprietorship Firm                           |
| 7. The address proof of the establishment is    | : - Copy of power connection in the name of the |

8. The proof of date of set up 01/05/2023 is Others

9. As at the time of application, your establishment is having the following licenses and registrations:

| S.No.       | License Under                   | License Number   | Date       | Issued By        | Place of Issue |
|-------------|---------------------------------|------------------|------------|------------------|----------------|
| 12400<br>61 | Shops and Establishments<br>Act | 2120600315948599 | 01/05/2023 | State Government | Nashik         |

10. As on date of your application, your establishment is not registered with ESIC.

11. As on date of your application, your establishment is not having LIN.

**SUB REGIONAL OFFICE**

**NASIK**

**Plot No.9, Dream Presidency Near Patidar Bhavan, Vidya Nagari 422101**

**smsclients10@gmail.com**

Please note that this intimation letter is generated with the Owners' Details in Form 5A and the intimated letter will be valid only if the Form 5A is enclosed.

**Important information:**

1. By virtue of this registration, you are required to comply with the provision of the EPF & MP Act 1952. The obligations/duties/responsibilities cast upon you as an employer of this establishment and penalties, on account of non-compliance with the same, are explained on our website [www.epfindia.gov.in](http://www.epfindia.gov.in). You are required to go through them carefully.

2. Remittance of dues under the provisions of the Act is to be made only through a Challan generated through the Unified portal. (The process for registration on the portal, preparation of the ECR txt file and related information is available on the website and the portal).

3. In case this letter is produced as a proof of the code number of the establishment, before any person including any Inspector from EPFO, the Form 5A generated through the portal at the time of registration should be a part of this letter. The remittance details of the establishment will be available on the EPFO website through the link "Establishment Search" where all payments from December 2016 onwards with the names of employees are available.

4. Please quote the Code Number KDNSK2946334000 for all the future correspondence with EPFO.

This is a system generated letter and needs no signature.

Employees' Provident Fund Organisation

**Dated: 29/05/2023**

[Print](#)[Print with Annexure](#)[Home](#)

भारत सरकार  
Government of India  
सूक्ष्म, लघु एवं मध्यम उद्यम मंत्रालय  
Ministry of Micro, Small and Medium Enterprises



## UDYAM REGISTRATION CERTIFICATE

UDYAM REGISTRATION NUMBER

UDYAM-MH-23-0256492

NAME OF ENTERPRISE

J M SUPPLIERS

TYPE OF ENTERPRISE \*

| SNo. | Classification Year | Enterprise Type | Classification Date |
|------|---------------------|-----------------|---------------------|
| 1    | 2025-26             | Micro           | 01/04/2025          |
| 2    | 2024-25             | Micro           | 29/11/2024          |

MAJOR ACTIVITY

**TRADING****[For availing benefits of Priority Sector Lending(PSL) ONLY]**SOCIAL CATEGORY OF  
ENTREPRENEUR

GENERAL

NAME OF UNIT(S)

| S.No. | Name of Unit(s) |
|-------|-----------------|
| 1     | J M Suppliers   |

OFFICIAL ADDRESS OF ENTERPRISE

|                     |                        |                            |                          |
|---------------------|------------------------|----------------------------|--------------------------|
| Flat/Door/Block No. | Flat No. 09            | Name of Premises/ Building | Dream Presidency         |
| Village/Town        | Vidya Nagari           | Block                      | Near Patidar Bhavan      |
| Road/Street/Lane    | Jail Road, Nashik Road | City                       | Nashik                   |
| State               | MAHARASHTRA            | District                   | NASHIK , Pin 422101      |
| Mobile              | 9923375271             | Email:                     | mohasinmamiyar@gmail.com |

DATE OF INCORPORATION /  
REGISTRATION OF ENTERPRISE

25/10/2024

DATE OF COMMENCEMENT OF  
PRODUCTION/BUSINESS

25/10/2024

NATIONAL INDUSTRY  
CLASSIFICATION CODE(S)

| SNo. | NIC 2 Digit                | NIC 4 Digit                                                                  | NIC 5 Digit                                                                   | Activity |
|------|----------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------|
| 1    | 78 - Employment activities | 7820 - Temporary employment agency activities                                | 78200 - Temporary employment agency activities                                | Services |
| 2    | 78 - Employment activities | 7830 - Human resources provision and management of human resources functions | 78300 - Human resources provision and management of human resources functions | Services |

DATE OF UDYAM REGISTRATION

29/11/2024

\* In case of graduation (upward/reverse) of status of an enterprise, the benefit of the Government Schemes will be availed as per the provisions of Notification No. S.O. 2119(E) dated 26.06.2020 issued by the M/o MSME.

Disclaimer: This is computer generated statement, no signature required. Printed from <https://udyamregistration.gov.in> & Date of printing:- 29/12/2025

For any assistance, you may contact:

1. District Industries Centre: NASHIK (MAHARASHTRA)

2. MSME-DFO: MUMBAI (MAHARASHTRA)

Visit : [www.msme.gov.in](http://www.msme.gov.in) ; [www.dcmsme.gov.in](http://www.dcmsme.gov.in) ; [www.champ](http://www.champ)

Follow us @minmsme &amp; @msmechar





महाराष्ट्र दुकाने व आस्थापना (नोकरीचे व सेवाशर्तीचे विनियमन) नियम, २०१८  
नमुना "ग"  
(नियम ९ पहा)



सूचना दिल्याबाबत पावती



अर्जदाराने नमुना फ द्वारा व्यवसाय सुरु केल्याबाबतची सूचना खाली नमूद केलेल्या तपशीलासह या कार्यालयास दिलेली आहे. त्याचा तपशील पुढीलप्रमाणे:

|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                                                                                      |       |        |     |      |   |   |   |   |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------|-------|--------|-----|------|---|---|---|---|
| १.    | पावती क्रमांक                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | :   | २५२०६००३२०७६४०३३                                                                                                                     |       |        |     |      |   |   |   |   |
| २.    | अर्जाचा (सूचनापत्राचा) आयडी क्रमांक                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | :   | ११३०५३१४२५०३                                                                                                                         |       |        |     |      |   |   |   |   |
| ३.    | आस्थापनेचे नाव                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :   | जे एम सप्लायर्स<br>J M SUPPLIERS                                                                                                     |       |        |     |      |   |   |   |   |
| ४.    | कामगारांची एकूण संख्या                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | :   | ५<br><table><tr><td>पुरुष</td><td>स्त्री</td><td>इतर</td><td>एकूण</td></tr><tr><td>४</td><td>१</td><td>०</td><td>५</td></tr></table> | पुरुष | स्त्री | इतर | एकूण | ४ | १ | ० | ५ |
| पुरुष | स्त्री                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | इतर | एकूण                                                                                                                                 |       |        |     |      |   |   |   |   |
| ४     | १                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ०   | ५                                                                                                                                    |       |        |     |      |   |   |   |   |
| ५.    | अ) मालकाचे नाव                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :   | मोहसिन महंमद मनियार<br>MOHASIN MAHAMAD MANIYAR                                                                                       |       |        |     |      |   |   |   |   |
|       | ब) आस्थापनेचा पत्ता                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | :   | फ्लॅट नंबर ०९, झीम प्रेसिडेन्सी, निअर पाटीदार भवन, विद्या नगरी, जेल रोड, नाशिक रोड, -, , नाशिक, नाशिक, ४२२१०१                        |       |        |     |      |   |   |   |   |
| ६.    | सदरची पावती ही केवळ अर्जदाराने त्याचा व्यवसाय सुरु केल्याबद्दल कार्यालयास पाठविलेल्या सूचना पत्राची पोच पावती असून व्यवसाय अथवा व्यवसायाची जागा अस्तित्वात असल्याबद्दलचा पुरावा नाही. व्यवसायासाठी व व्यवसायाच्या जागेसाठी आवश्यक असणारी संबंधित सक्षम प्राधिकारी यांच्याकडील पूर्व / पश्चात परवानगी, अनुज्ञप्ती, परवाना धारण करण्याची सर्वस्वी जबाबदारी मालकाची राहिल.<br>ही पोच पावती व्यवसायाच्या जागेचा मालकी हक्क किंवा मालमत्तेचा मालकी हक्क किंवा ताबा या प्रयोजनार्थ कोणत्याही कायद्यांतर्गत ग्राह्य धरता येणार नाही. |     |                                                                                                                                      |       |        |     |      |   |   |   |   |
| ७.    | व्यवसायाचे स्वरूप                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | :   | ALL TYPES OF INDUSTRIAL WORK JOB WORK AND LABOR SUPPLIER                                                                             |       |        |     |      |   |   |   |   |
| ८.    | पूर्वीचा नोंदणी प्रमाणपत्राचा क्रमांक व दिनांक, लागू असल्यास                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | :   |                                                                                                                                      |       |        |     |      |   |   |   |   |

टीप : सदरची पोच पावती संगणकीय प्रणालीद्वारे तयार करण्यात आलेली असल्याने त्यावर स्वाक्षरीची आवश्यकता नाही. सदरची पोच पावती ही अर्जदाराने सादर केलेल्या स्वयंघोषणापत्र आणि स्वयंसाक्षात्कीत अभिलेखाद्वारे पडताळणी न करता देण्यात आलेले आहे.

सादर पोचपावती ही १० पेक्षा कमी कामगार असलेल्या आस्थापनांना नोंदणी दाखल्या ऐवजी देण्यात येते. त्यांना नमुना - ब मध्ये नोंदणी प्रमाणपत्र अनुज्ञेय होत नाही.

दिनांक : २९-१२-२०२५

ठिकाण : Nashik

कार्यालयाचा पत्ता : Office of the Deputy Commissioner of Labour, Nashik Address- Udyog Bhavan, 8th Floor, Near ITI Signal, Satpur, Nashik - 422009

| अर्जाचा आय.डी. क्रमांक | प्रदान केलेले सेवा मूल्य (रुपये) |
|------------------------|----------------------------------|
| ११३०५३१४२५०३           | ५९.००                            |

# महाराष्ट्र दुकाने व आस्थापना (नोकरीचे व सेवाशर्तीचे विनियमन) नियम, २०१८ Form - 'F'

[See Rule 8]

## APPLICATION FOR INTIMATION

|                                                                                                                        |                                                                                                                                 |       |             |                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------|-------------|--------------------------------------------------------------------------------------------------------------------------|
| Application ID                                                                                                         | 107764762103                                                                                                                    |       |             |                                       |
| Registration Certificate / Intimation Receipt No. नोंदणी क्रमांक / पावती क्रमांक                                       | 2120600315559745                                                                                                                |       |             |                                                                                                                          |
| Division / विभाग                                                                                                       | Nashik                                                                                                                          |       |             |                                                                                                                          |
| District / जिल्हा:                                                                                                     | Nashik                                                                                                                          |       |             |                                                                                                                          |
| Office Name                                                                                                            | Office of the Deputy Commissioner of Labour, Nashik Address- Udyog Bhavan, 4th Floor, Near ITI Signal, Satpur, Nashik -422007   |       |             |                                                                                                                          |
| Name of the establishment / आस्थापनेचे नाव                                                                             | J M SUPPLIERS<br>जे एम सप्लायर्स                                                                                                |       |             |                                                                                                                          |
| Previous details of establishment / आस्थापनेची पूर्वीची सविस्तर माहिती                                                 | New Registration                                                                                                                |       |             |                                                                                                                          |
| Postal address and situation of the Establishment / ( आस्थापनेचा पत्ता )                                               | FLAT NO. 09, DREAM PRESIDENCY, NEAR PATIDAR BHAVAN, VIDYA NAGARI, JAIL ROAD, NASHIK ROAD,, NASHIK, 23, , NASHIK, NASHIK, 422101 |       |             | फ्लॅट नं. 09, ड्रीम प्रेसिडेन्सी, निअर पाटीदार भवन, विद्या नगरी, जेल रोड, नाशिक रोड,, नाशिक, 23,, नाशिक, नाशिक, 422101   |
| Mobile / भ्रमणधनी क्र.                                                                                                 | 9923375271                                                                                                                      |       |             |                                                                                                                          |
| Email-id / ई - मेल आय डी                                                                                               | mohasinmaniyar@gmail.com                                                                                                        |       |             |                                                                                                                          |
| Date of commencement of business / व्यवसाय सुरु केल्याचा दिनांक                                                        | 01/01/2021                                                                                                                      |       |             |                                                                                                                          |
| Nature of Business / व्यवसायाचे स्वरूप                                                                                 | FRUIT, PLYWOODS, IRON, STEEL, CHEMICALS, ALL TYPES OF GENERAL MATERIAL, SERVICES, KIRANA AND GENERAL STORES                     |       |             | फ्रूट, प्लायवूड, आयर्न, स्टील, केमिकल्स, ऑल टाईप्स ऑफ जनरल मटेरियल, सर्व्हिसेस, किराणा अँड जनरल स्टोअर्स                 |
| Whether establishment falls under public or private sector / आस्थापना सार्वजनिक क्षेत्रात येते की खाजगी क्षेत्रात येते | Private                                                                                                                         |       |             |                                                                                                                          |
| Total No. of Employee                                                                                                  | Men                                                                                                                             | Women | Transgender | Total                                                                                                                    |
|                                                                                                                        | 3                                                                                                                               | 2     | 0           | 5                                                                                                                        |
| Name of the Employer / मालकाचे नाव                                                                                     | MOHASIN MAHAMAD MANIYAR                                                                                                         |       |             | मोहसिन महंमद मनियार                                                                                                      |
| Residential Address of the employer / मालकाच्या निवासस्थानाचा पत्ता                                                    | FLAT NO. 09, DREAM PRESIDENCY, NEAR PATIDAR BHAVAN, VIDYA NAGARI, JAIL ROAD, NASHIK ROAD,, NASHIK, 23,, SINNAR, NASHIK, 422101  |       |             | फ्लॅट नं. 09, ड्रीम प्रेसिडेन्सी, निअर पाटीदार भवन, विद्या नगरी, जेल रोड, नाशिक रोड,, नाशिक, 23, , सिन्नर, नाशिक, 422101 |
| Resident Since / वास्तव्य                                                                                              | 2015                                                                                                                            |       |             |                                                                                                                          |
| Status / Designation                                                                                                   | PROPRIETOR                                                                                                                      |       |             |                                                                                                                          |
| Mobile No                                                                                                              | 9923375271                                                                                                                      |       |             |                                                                                                                          |
| E-mail ID                                                                                                              | mohasinmaniyar@gmail.com                                                                                                        |       |             |                                                                                                                          |
| Aadhar No                                                                                                              | 561136589672                                                                                                                    |       |             |                                                                                                                          |
| Name of Manager / व्यवस्थापकाचे नाव                                                                                    |                                                                                                                                 |       |             |                                                                                                                          |
| Residential address of Manager / व्यवस्थापकाच्या निवासस्थानाचा पत्ता                                                   |                                                                                                                                 |       |             |                                                                                                                          |
| Contact No                                                                                                             |                                                                                                                                 |       |             |                                                                                                                          |
| Fax No                                                                                                                 |                                                                                                                                 |       |             |                                                                                                                          |
| Email-ID / ई - मेल आय डी                                                                                               |                                                                                                                                 |       |             |                                                                                                                          |

|                                                                                                                                             |                                                                                                                                                                                                          |                          |  |                    |                         |                          |   |   |   |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--------------------|-------------------------|--------------------------|---|---|---|
| <b>Aadhar No</b>                                                                                                                            |                                                                                                                                                                                                          |                          |  |                    |                         |                          |   |   |   |
| <b>Category Of Establishment / आस्थापनेचे वर्गवारी</b>                                                                                      | Establishment ( ??????? )                                                                                                                                                                                |                          |  |                    |                         |                          |   |   |   |
| <b>Category Of Establishment Type / आस्थापनेचे उपवर्गवारी</b>                                                                               | FRUIT, PLYWOODS, IRON, STEEL, CHEMICALS, ALL TYPES OF GENERAL MATERIAL, SERVICES, KIRANA AND GENERAL STORES                                                                                              |                          |  |                    |                         |                          |   |   |   |
| <b>Type of organisation / आस्थापनेचा प्रकार</b>                                                                                             | Self Ownership (Proprietary)                                                                                                                                                                             |                          |  |                    |                         |                          |   |   |   |
| <b>Name of the member of employer's family employed in the establishment / आस्थापनेत नोकरीत असलेल्या मालकांच्या कुटुंबातील इसमांची नावे</b> | <div>None<br/>नस</div> <table border="1"> <tr> <td><b>Men / पुरुष</b></td> <td><b>Women / स्त्रिया</b></td> <td><b>Transgender / इतर</b></td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> </tr> </table> |                          |  | <b>Men / पुरुष</b> | <b>Women / स्त्रिया</b> | <b>Transgender / इतर</b> | 0 | 0 | 0 |
| <b>Men / पुरुष</b>                                                                                                                          | <b>Women / स्त्रिया</b>                                                                                                                                                                                  | <b>Transgender / इतर</b> |  |                    |                         |                          |   |   |   |
| 0                                                                                                                                           | 0                                                                                                                                                                                                        | 0                        |  |                    |                         |                          |   |   |   |

#### Self Declaration / स्वघोषणापत्र

I MOHASIN MAHAMAD MANIYAR, hereby solemnly affirm and state that the business which I MOHASIN MAHAMAD MANIYAR have started is not banned or prohibited by any Act, Rules, Law or Order of any Court of Law or any competent authority and the premises where I MOHASIN MAHAMAD MANIYAR, are conducting the said business is free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I MOHASIN MAHAMAD MANIYAR, hereby declare that the information provided above is true and correct to the best of my/our personal knowledge, information and belief. I MOHASIN MAHAMAD MANIYAR, am/are fully aware about the consequences of giving false information. If the information is found to be false, I MOHASIN MAHAMAD MANIYAR, shall be liable for procecuton and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I MOHASIN MAHAMAD MANIYAR, have obtained necessary licenses, permissions, permit for the conduct of this business and the place of business from the appropriate Authority.

I MOHASIN MAHAMAD MANIYAR, shall be responsible and liable for legal action if the business is conducted without proper licence, permission, permit from the appropriate Authority. I/We submit and declare that I MOHASIN MAHAMAD MANIYAR, will not undertake any illegal activity or any business prohibited in law in force in India.

I MOHASIN MAHAMAD MANIYAR, declare that the place of business is not located in any area wherein commencing / running of such business is prohibited by any law or order of any Competent Authority.

I MOHASIN MAHAMAD MANIYAR, hereby declare that the copies attested by me are true copies of original documents. I MOHASIN MAHAMAD MANIYAR, am/are well aware of the fact that if the copies are found false/forged, I/We shall be liable for procecuton and punishment under the Indian Penal Code (45 of 1860) and /or any other law applicable thereto.

I MOHASIN MAHAMAD MANIYAR, undertake to abide by the provisions of the Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2017 (Mah. LXI of 2017) and the Rules and orders passed thereunder by any Authority.

मी MOHASIN MAHAMAD MANIYAR, याद्वारे गाभ्रीयपूर्वक दृढकथन करतो/ करते आणि असे नमूद करतो/ करते की, मी/ आम्ही सुरू केलेल्या व्यवसायावर कोणताही अधिनियम, नियम, कायदा किंवा कोणत्याही विधी न्यायालयाचा अथवा कोणत्याही सक्षम प्राधिकाऱ्याचा आदेश याद्वारे बंदी घालण्यात आलेली नाही किंवा मनाई करण्यात आलेली नाही आणि मी MOHASIN MAHAMAD MANIYAR ज्या जागेत उक्त व्यवसाय करीत आहे/ आहोत तेथे कोणताही अधिनियम, नियम, कोणत्याही न्यायालयाचा अथवा कोणत्याही सक्षम प्राधिकाऱ्याचा आदेश यांचे उल्लंघन झालेले नाही.

मी MOHASIN MAHAMAD MANIYAR, याद्वारे असे घोषित करतो/करते की, वर अर्जांमध्ये नमूद केलेली माहिती, माझ्या आमच्या वैयक्तिक ज्ञानानुसार, माहितीप्रमाणे व विश्वासानुसार खरी व बिनचूक आहे. चुकीची माहिती देण्याच्या परिणामाची मला/आम्हाला पूर्ण जाणीव आहे. दिलेली माहिती चुकीची आढळून आल्यास मी MOHASIN MAHAMAD MANIYAR भारतीय दंड संहिता (1860 चा 45) अन्वये किंवा त्यासंबंधात लागू असलेल्या इतर कोणत्याही कायद्यान्वये खटला भरण्यासाठी व शिक्षेसाठी पात्र आहे/ आहोत.

मी MOHASIN MAHAMAD MANIYAR, अर्जात नमूद केलेल्या जागेत व्यवसाय करण्यासाठी संबंधित समुचित प्राधिकाऱ्याकडून आवश्यक ती अनुज्ञप्ती, परवानगी, परवाना प्राप्त केला आहे.

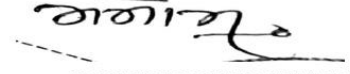
मी MOHASIN MAHAMAD MANIYAR, अनुज्ञप्ती, परवानगी, परवाना न घेता व्यवसाय करीत असल्यास कायदेशीर कारवाईसाठी पात्र व जबाबदार राहू.

मी MOHASIN MAHAMAD MANIYAR, असे घोषित करतो/करते की, भारतातील लागू असणाऱ्या कायद्यांतर्गत मनाई असलेले बेकायदेशीर कृत्य अथवा व्यवसाय करणार नाही.

मी MOHASIN MAHAMAD MANIYAR, असे घोषित करतो/करते की, जेथे असा व्यवसाय सुरू करण्यास किंवा चालविण्यास कोणत्याही कायद्याद्वारे किंवा कोणत्याही सक्षम प्राधिकाऱ्याच्या आदेशाद्वारे मनाई केलेली आहे त्या कोणत्याही क्षेत्रामध्ये माझे/ आमचे व्यवसायाचे ठिकाण स्थित नाही.

मी MOHASIN MAHAMAD MANIYAR, असे घोषित करतो/करते की, अर्जासोबत सादर केलेल्या स्वयं-साक्षात्कृत दस्तावेजाच्या प्रती या मूळ दस्तऐवजाच्या सत्यप्रती आहेत. या प्रती असत्य किंवा बनावट असल्याचे आढळून आल्यास भारतीय दंड संहिता (1860 चा 45) आणि / किंवा त्यासंबंधात लागू असलेल्या कोणत्याही इतर कायद्यान्वये माझ्या/आमच्या विरुद्ध न्यायालयीन खटला भरण्यासाठी व शिक्षेसाठी मी MOHASIN MAHAMAD MANIYAR पात्र आहे/आहोत याची मला/आम्हाला पूर्ण जाणीव आहे.

मी MOHASIN MAHAMAD MANIYAR, महाराष्ट्र दुकाने व आस्थापना (नोकरीचे व सेवाशर्तीचे विनियमन) अधिनियम, 2017 (2017 चा 61) व त्याअंतर्गत तयार केलेल्या नियमातील तरतुदींचे आणि सक्षम प्राधिकारी यांचेकडून निर्गमित करण्यात आलेले आदेश यांचे पूर्णतः पालन करण्याची हमी देतो/देते.



MOHASIN MAHAMAD MANIYAR  
Name and Signature of the Employer

# THANK YOU



## JM SUPPLIER

PROPRIETOR

### MOHSIN MANIYAR



ALL TYPES OF INDUSTRIAL WORK AND LABOR SUPPLY