



Date: 03/01/2014

To
The Dy. Labour Commissioner
Office of the Licencing Officer
A-Wing, 1st Floor
Pushpa Bhawan
Pushp Vihar
New Delhi 110062

Sub: Renewal of our License No. CLA/C/114/DLC(s)/2013 Dated 16.09.2013

Dear Sir,

We would like to inform you that the License No. CLA/C/114/DLC(s)/2013 Dated 16.09.2013 in M/s National Heart Institute 49-50, Community Centre East of Kailash, New Delhi for Providing 75(Nos) of Housekeeping staff is needs renewal on same terms and conditions. The validity of license is ending on 05.02.2014. This is to request you to renew the same for further one year.

Thanking you.

Yours sincerely

For Express Housekeeper Pvt. Ltd

Director

Encl.:

1. Original Copy of Licence.
2. Treasury Receipt
3. Form VII.

Ran
21-1-14
To The Dy. Labour Commissioner
Office of the Licencing Officer
A-Wing, 1st Floor
Pushpa Bhawan
Pushp Vihar, New Delhi-52

Regd. Office:

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F ♦ 011 26503259
E ♦ operations@expresshousekeeper.com,
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Corporate Office:

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Sector 43 Gurgaon Haryana 122002 India
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FORM-VII
(See Rule 2)
APPLICATION FOR THE RENEWAL OF
LICENCE UNDER CONTRACT LABOUR (R&A ACT) 1970

1. (a) Name & permanent address Of the contractor : **M/s Express Housekeeper Pvt. Ltd**
C-7, Navshakti Appartment, Ghitorni New Delhi
- (b) Contact No Tel No./ Mobile No : 0124-4840800
- (c) Name and Designation of Contractor : **Mr. Sureysh Sarvaria**
Director
- (d) Name & Address of Site In charge / Person responsible : **Mange Lal**
- (e) Contact No Tel No./ Mobile No : 0124-4840800, 9873502646
2. Number and Date of Licence to be Renewed : **CLA/C/114/DLC(s)/2013**
Date 16.09.2013
3. (a) Date of Expiring of The Licence : 05.02.2014
(b) Date up to which Licence is Required to be renewed : 05.02.2015
4. (a) Whether The Licence of Contractor was Suspended or revoked : No
(b) Whether any change in thy particular of Licence, to be renewed if so, details : No
5. (a) Number and date of the Treasury receipts enclosed : T.R. Date
Bank
- (b) Whether Previous licence In original attached : Yes For EXPRESS HOUSEKEEPER PVT. LTD.

Date


Director/Managing Director
(Full Name/ Signature of the Applicant)

(To be filled in office of licence officer)

Date of receipts of application with treasury receipts number and date

Signature of the Licencing Officer

