

**Form 40**  
[see Rule 173(3)]

**NOTICE OF REOPENING THE FACTORY AFTER CLOSURE**

Name of factory and full address	Nature of manufacturing process	Date of closure	Number of worker affected at the time of closure	Factory or any shift section or department thereof reopened	Number of workers on muster roll at the time of reopening	Number of workers (i) re-employed (ii) newly employed.
1	2	3	4	5	6	7

Signature of  
Manager  
Date: -

By order of the Governor,

**(S.Sailo)**  
Commissioner & Secretary to the  
Government

of Tripura