### SCHEDULE - II "A"

[See rule 11 (1)]

Form - LM - 1

[Application for licence as manufacturer of weights & measures under the Legal Metrology Act, 2009]

			To be filled by	the Comments of the			
			Applicant	inspection officer			
	(1)		(2)	(3)			
1.	Name is des	of the manufacturing concern ired.	for which licence				
2.	are ov	elete address of the concern. Whe wned/rented/taken on lease/learted by documents.	<del>-</del>				
3.	Date	of Establishment of workshop/	factory.				
4.	husba	(s) and address (s) along with and's name of proprietor (s) and	d/or Partners and				
5.		ging Director (s) in the case of late and current registration nu					
J.		establishment/ Municipal Tra					
6.		re of manufacturing activities at					
7.		ype of weights and measures pr	_				
	-	factured viz :	1				
	(i)	Weights					
	(ii)	Measures					
	(iii)	Weighing Instruments					
	(iv)	Measuring Instruments with details in each case.					
8.	The n	The number of persons employed/proposed to be employed					
	(i)	(i) Skilled					
	(ii)	Semi-skilled					
	(iii)	Unskilled					
	(iv)	Specialist trained in the line					
9.		nonogram or trade mark intend	•				

10. man		s of machinery, tools accessories, owned and ing weights measures etc.		used	for
11.		s of foundry/workshop facilities arranged. her ownership, long term lease etc.			
12.		ties of steel casting and hardness testing of parts etc or other means.			
13.	Availa	ability of electric energy.			
14.		s of loan received from Government or financial . ution. If so, give details.			
15.	Name	of bankers, if any.			
16.	•	Sales Tax Registration Number/CST Number/ssional Tax registration Number/IT Number.			
17.	-	you applied previously for a manufacturer's e? If so, when and with what results?			
18.	(a) (b)	Whether the item (s) proposed to be manufactured will be sold within the State or out side the state or both.  Details of Model Approval received from Government of India;			
	(c)	When can you produce for inspection samples of your products for wh	ich		
		licence is desired?			
		To be certified by the applica	ant (s)		
_	l Metr	tified that I/We have read the Legal Metrology A ology (Enforcement) Rules, 2010 and agree to tive orders and instructions issued or to be issued	abide by the same a		
to do		e agree to deposit the Scheduled licence fees wi the Licencing Authority.	th Government as soon	as requi	ired
	All t	the information furnished above is true to the bes	st of my/our knowledge		
Place	e:				
Date	:		Signature and	Designa	tion

### To be filled in by Departmental Officer of the State Government

Date of Receipt of Application :						
Serial Number of application :						
Date of inspection :						
Recommendation of Inspecting Officer :						
Place:						
Date:	Signature and Designation of Inspecting Officer					
Final orde	ers of Licensing Authority					
Licence granted / refused :						
Licence Number :						
Valid till :						
Place :						
Date:	Signature and Designation					

### SCHEDULE - IIA

[See rule 11 (1)]

### Form LR - 1

[Application for licence as repairers of Weights & Measures under the Legal Metrology Act, 2009]

			To	be filled b	у	Comme	ents of the
			the	applicant	S	inspect	ing officer
	1			2		3	
1.	Name of the concern	seeking the li	cence.				
2.	Complete address of	the workshop.					
3.	<ul><li>(a) Whether premi</li><li>lease dully supported</li><li>(b) Date of establis</li></ul>	l by document	-	taken. on		<b></b>	
4.	Name (s) and address husband's name of pro Managing Director (s	coprietor (s) a	nd/or Pa	rtners and			
5.	Number and date of s Municipal Trade Lice	= -	ıment/cu	rrent			
6.	Professional Tax/IT		n Numbe	er etc if any			
7.	The type of	weights	and	measures	s proposed	to	repaired.
8.	Area in which you wi	sh to operate.					
9.	Previous experience	in the line.					
10.	Number of skilled sta	ff employed o	r propose	ed to be		····	
	(i) Skilled						
	(ii) Semi-skilled						
	(iii) Unskilled						

(iv)	Employees trained in the line		
Detai	ils of machinery/tools/accessories avail	lable.	
Avail	lability of electric energy.		
		ts. etc.?	
Have	you applied previously for a repairer's	licence?	
If s	o, When and with what results?		
	To be certified by t	the applica	nt(s)
l Met	rtified that I/We have read the Legal rology (Enforcement) Rules, 2010 an	Metrology d agree to	Act, 2009 and the -name of state abide by the same and also the
-		nce fees wit	h Government as soon as required
All	the information furnished above is true	e to the best	t of my/our knowledge.
e :			
:			Signature and Designation
	To be filled in by Departmental O	fficer of th	e State Government
of Red	ceipt of Application :		
l Num	aber of application :		
of ins	pection :		
	•		
):			
:	9	Signature ar	nd Designation of Inspecting Officer
	Final orders of Lice	encing Auth	nority
ce gra	inted/refused :		
ce Nu	mber:		
till:			
e:			
	Deta Avail Have Give Have If s  Cerl Met Inistra  I/V So by All  E:  ce gra ce Nu I till:	Availability of electric energy.  Have you sufficient stock of loan/test weight Give details.  Have you applied previously for a repairer's If so, When and with what results?  To be certified by the Certified that I/We have read the Legal Metrology (Enforcement) Rules, 2010 and instrative orders and instructions issued or the I/We agree to deposit the Scheduled licerty so by the Licensing Authority.  All the information furnished above is true to be filled in by Departmental Orders of Application:  I Number of application:  In Number of application:  In Spection:  The final orders of Licerty Company of Licerty Company (Company) and the Company (Company) and th	Details of machinery/tools/accessories available.  Availability of electric energy.  Have you sufficient stock of loan/test weights. etc.?  Give details.  Have you applied previously for a repairer's licence?  If so, When and with what results?  To be certified by the application.  Certified that I/We have read the Legal Metrology.  Metrology (Enforcement) Rules, 2010 and agree to inistrative orders and instructions issued or to be issued.  I/We agree to deposit the Scheduled licence fees with so by the Licensing Authority.  All the information furnished above is true to the best of the second form of application:  I Number of application:  In sumber of application:  In sumber of application:  In sumber of application:  In sumble of inspection of Inspecting Officer:  In sumble of application:  I sumble of application:  I sumble of application:  I sumble of application:  I sumble of Inspecting Officer:  I sumble

Date:

Signature and Designation

### SCHEDULE - IIA

[See rule 11 (1)]

#### Form LD-1

# [Application for Licence as Dealers in Weights & Measures under the Legal Metrology Act, 2009]

To,			
		To be filled by	y Comments of the
		the applicant	inspecting officer
	1	2	3
1.	Name of the establishment/shop/pers licence.	on seeking the	
2.	Complete address of the establishment	etc.	
3.	Date of establishment.		
4.	Name (s) and address (s) of proprietor	rs and / or partne	ers
	and Managing Director (s) in the case of	of Limited compa	ny.
5.	Number and date of Registration Num	ber of current	
	shop/establishment/Municipal Trade	licence.	
6.	Categories of weights and measures so	ld/proposed	
	to be sold at present.		
7.	Registration Number of VAT/CST/Sale	s Tax/Profession	nal
	Tax/Income Tax.		
8.	Do you intend to import weights, etc. for	rom places	
	outside the State/Country? If so indica	ate sources of	
	supply. (Give details of manufacturer's	trade mark/	
	monogram and his licence number) an	d provide	
(a)	Registration of Importer of Weights and	d Measures, if an	y
(b)	Approval of model imported into India	by Central Gover	nment.
9.	Have you applied previously for a deale	er's licence,	
	either in this State or elsewhere? If s	so give details?	

#### To be certified by the applicant(s)

Certified that I/We have read the Legal Metrology Act, 2009 and the name of State Legal Metrology (Enforcement) Rules, 2010 and agree to abide by the same and also the administrative orders and instructions issued or to be issued there under.

I/We agree to deposit the Scheduled licence fees with Government as soon as required to do so by the Licensing Authority.

All the information furnished above is true to the best of my/our knowledge.

Place:	
Date:	Signature and Designation
To be filled in by De	epartmental Officer of the State Government
Date of Receipt of Application :	
Serial Number of application :	
Date of inspection :	
Recommendation of Inspecting Offi	icer:
Place :	
Date :	Signature and Designation of Inspecting Officer
Final	orders of Licensing Authority
licence granted/refused :	
licence Number :	
Valid till :	
Place :	
Date:	Signature and Designation

#### **SCHEDULE IIB**

[See rule 11 (2)]

#### Form LM-2

# [Application for renewal of Licence as Manufacturer of Weights & Measures under the Legal Metrology Act, 2009]

		To be filled by	Comments of the
	1	the applicants	inspecting officer 3
	*		J
1.	Name and complete address of the ma	nufacturing	
	concern for which renewal of licence is	s desired.	
2.	Manufacturing Licence No.		
3.	Name (s) and address (s) along with th	eir father's/	
	husband's name of proprietor (s) and/	or Partners and	
	Managing Director (s) in the case of Li	mited company.	
4.	(a) Type of weights and measures w	hich are	
	manufactured as per licence gran	nted.	
	(b) Do you propose any change.		
5.	The monogram or trade marks used or	n weights and	
	measures manufactured by you.		
6.	Details of workshop facilities available		
7.	Details of production and sales in the l	ast 5 years.	
8.	Number and date of shop/establishme	nt Registration	
	Number.		
9.	Registration Number of VAT/Sales Tax	x/CST/Profession	nal
	Tax/Income Tax.		
	To be certifie	d by the applica	nt (s)
adm	Certified that I/We have read the Let Metrology (Enforcement) Rules, 202 inistrative orders and instructions issue I/We have deposited the Scheduled I) to the Sub-Treasury/Ba an is enclosed.  All the information furnished above	10 and agree to ed or to be issued licence fees of Rs.nk on	abide by the same and also the there under
Place	2:		
Date	:		Signature and Designation

#### **SCHEDULE IIB**

[See rule 11 (2)]

#### Form LR-2

# [Application for renewal of Licence as repairer of Weights & Measures under the Legal Metrology Act 2009]

			To be filled b	•	Comments of the
		1	the applicant	S	inspecting officer 3
		1			3
1.	Nam	ne and complete address of the re	enairing concern/		
1.		son seeking renewal of the licenc			•
2.	•	airer's Licence Number.	<b>C</b> .		
3.	-	ne (s) and address (s) along with	their father's /		
J.		pand's name of proprietor (s) and	-		•••
		laging Director (s) in the case of	•		
4.		istration Number and date of cur			
1.	_	blishment/Municipal Trade Lice			•••
5.		istration Number of VAT/ Sales 7		mal	
<i>5</i> .	_	/Income Tax.	.ux/ d51/1101e3310	1101	•••••
6.	(a)	The Type of weights and measi	ures renaired		
0.	(a)	as per licence granted.	ares repaired		•••
	(b)	Do you propose any change.			
7.		in which you are operating.			••••
8.		e you sufficient stock of loan/tes	tweights etc?		••••
9.		se give details with particulars o			••••
<i>)</i> .	Tica	se give details with particulars o	1 stamping	•••••	
		To be certif	ied by the applica	ant (s)	
adm	l Met inistr '/I	ertified that I/ We have read the trology (Enforcement) Rules, 2 ative orders and instructions iss We have deposited the Schedule) to the Sub-Treasury/	010 and agree to ued or to be issued d licence fees of Rs	o abide by the I there under.	same and also the Rupees
		enclosed.			Ö
	Al	l the information furnished abov	e is true to the bes	t of my/our kno	owledge.
Place	e :				
Date				Signatı	are and Designation
				0	0 -

#### **SCHEDULE IIB**

[See rule 11 (2)]

#### Form LD-2

# [Application for renewal of Licence as Dealer in Weights & Measures under the Legal Metrology Act 2009]

To,			
		To be filled by	Comments of the
		the applicants	inspecting officer
	1	2	3
1.	Name of the establishment/shop/pers	son seeking the	
2			
2.	Dealer's Licence Number.		
3.	Date of establishment.		
4.	Name (s) and address (s) along with thusband's name of proprietor (s) and	•	
	Managing Director (s) in the case of Li	imited company.	
5.	Registration Number and date of shop current Municipal Trade Licence.	o/establishment/	
6.	Categories of weights and measures s	old at present.	
7.	Registration Number of VAT/ CST/Sal Tax/Income Tax.	les Tax/Professio	nal
8.	Are you intending to import weights a	and measures etc.	
	from places outside the State/Country	y? If so, indicate	
	sources of supply from the State (s)/0	Country (s).	
	(Give details of manufacturer's trade	mark/ monogram	
	and his licence number.)		
	To be certifie	ed by the applica	nt (s)
adm	Certified that I/We have the Legal rology (Enforcement) Rules, 2009 a inistrative orders and instructions issu I/We have deposited the Schedum to the Sub-Treasury/I an is enclosed.  All the information furnished above	and agree to all ed or to be issued uled licence fees Bank on	bide by the same and also the there under.  s of Rs (Rupees and the original

Signature and Designation.

Place:

Date:

# APPLICATION FOR REGISTRATION AS MANUFACTURER / PACKER OF PRE-PACKED COMMODITIES

[Under Rule 27 of the Legal Metrology (Packaged Commodities) Rules, 2011]

То,	The Controller of Legal Metrology, Assam, R.K.Mission Road, Ulubari, Guwahati-781007.	
1.	Name of the Applicant / Firm	:
2.	Complete address of the Applicant /Firm :	
3.	Registered office Address :	
4.	Location of the Factory :	
5.	Branches, if any :	
6.	Name(s) of the Proprietor / Partners / Occupier :	
7.	Commodity(ies) intended to Pre-pack :	
8.	CST No. / AGST No. / MTL No. :	
9.	Treasury Challan No. & Date :	
	<u>DECLARATION</u>	

I/we hereby declare that the packages manufactured/packed will comply the
various provisions of the Legal Metrology (Packaged Commodities) Rule, 2011.

Date:

Place:

Signature/Designation/Seal

#### APPLICATION FOR REGISTRATION AS IMPORTER OF PRE-PACKED COMMODITIES

[Under Rule 27 of the Legal Metrology (Packaged Commodities) Rules, 2011]

Importer is an Individual, Company or Firm whose name figures in the bill of Lading/Importer documents as Importer.

То,	The Controller of Legal Metrology, As R.K.Mission Road, Ulubari, Guwahati-781007.	sam,
1.	Name and Address of the Importer :	
a.	Registered office Address :	
b.	Address of Warehouse where the : goods are imported and kept	i)
		ii)
		iii)
		iv)
2.	Name & Address of Directors of the Firm etc.	:
3.	i) Details of Packaged Commodities being/to be imported	:
	ii) Name of the Country from where import is made	:
	DECLARA'	ΓΙΟΝ

I/We hereby declare that the imported packages will comply the various provisions of the Legal Metrology (Packaged Commodities) Rule, 2011.

Date:	
Place:	
	Signature/Designation/Seal

### FORM3

# FORMAT FOR NOMINATION OF THE DIRECTOR BY THE COMPANY UNDER SUBSECTION (2) OF THE LEGAL METROLOGY ACT, 2009.

[SCHEDULE XIII, Rule 29 of the Legal Metrology (General) Rules, 2011]

	Smt./MsDirector of the (name and address of the company) has been
	Resolution passed at their meeting held on
	ncharge of, and be responsible for the conduct of
	shment/branch /unit thereof and authorized to
exercise all such powers and take all s	such steps as may be necessary or expedient to
prevent the commission any offence b	y the said company under the Legal Metrology
Act, 2009.	
Shri/Smt./Ms	has accepted
the said nomination and copy of said ac	ceptance is enclosed herewith.
A certified copy of the said Resol	ution is also enclosed.
Place:	Managing Director / Secretary
Date:	(name of the company)
Note: Score out the portion which is not	applicable.
	in pursuance of sub-section (2) of Section 49 of
the Legal Metrology Act, 2009 and Ri 2011 made there under.	ule 29 of the Legal Metrology (General) Rules,
Place:	Director of
Date:	(name of the company)

# APPLICATION FOR APPEAL AGAINST AN ORDER OF A LEGAL METROLOGY OFFICER/CONTROLLER OF LEGAL METROLOGY

[SCHEDULE X, Rule 24(1) of the Assam Legal Metrology (Enforcement) Rules, 2011]

1.	Form of appeal against an order of a Legal Metrology Officer/ Controller Legal Metrology.
2.	Name and address of the appellant
3.	No. and date of order of Legal Metrology Officer/ Controller of Legal Metrology against which the appeal is preferred.
4.	Whether the appellant desires to be heard in person or through an authorized representative.
5.	Grounds of appeal
Place:	
Date:	