## Form 2: Information regarding Closure of Unit/ Establishment/ Workplace

1. Name of the unit/Estt/Workplace:
2. Address of the Workplace:
3. Registration No.:
4. Date of closure:
5. Probable period of closure:
6. Reason of closure:
7. Nature of closure:
8. Date of re-opening:
9. No. of Employees on roll of workplace:
10. No. of working days in which the unit remained closed during the month:
11. No. of persons likely to be affected/unaffected by the closure:
12. Rate of compensation and/or benefits if any, paid to remaining employees due to the closure: