Reg. No. RNP/GOA/32/2024-2026

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Panaji, 16th November, 2026 (Kartika 25, 1948)

SERIES I No. 33

OFFICIAL GAZETTE

GOVERNMENT OF GOA

PUBLISHED BY AUTHORITY

EXTRAORDINARY

No. 2

GOVERNMENT OF GOA

Department of Labour

——

Notification

26/53/2026/LAB-535 Date: 16-Nov-2026

Whereas, the draft Rules, namely, the Goa Shops and Establishments (Regulation of Employment and Conditions of Service) Rules, 2026, which the Government of Goa proposed to make in exercise of the powers conferred by sub-section (*1*) of Section 41 of the Goa Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2025 (Goa Act 23 of 2025), were pre-published as required by sub-section (*2*) of section 41 of the said Act, vide the Government Notification No. 26/53/2026/LAB/ /478 dated 19/10/2026, of the Labour Department in the Official Gazette, Series I No. 30, dated 22nd October, 2026, inviting objections and suggestions from all persons likely to be affected thereby within a period of fifteen days from the date of publication of the said Notification in the Official Gazette.

And whereas, the said Official Gazette was made available to the public on 22/10/2026;

And whereas, no objections and suggestions were received from the public on the said draft Rules by the Government within the stipulated period.

Now, therefore, in exercise of the powers conferred by sub-section (*1*) of Section 41 of the Goa Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2025 (Goa Act 23 of 2025), and all other powers enabling it in this behalf and in supersession of the Goa, Daman and Diu Shops and Establishments Rules, 1975 except as respect things done or omitted to be done before such supersession, the Government of Goa, hereby makes the following rules namely:-

1. *Short title and commencement.*— (*1*) These rules may be called the Goa Shops and Establishments (Regulation of Employment and Conditions of Service) Rules, 2026.

(*2*) They shall come into force on the date the Act is brought into force in the State.

2. *Definition.*— (*1*) In these rules unless the context otherwise requires,-

(a) "Act" means the Goa Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2025 (Goa Act No. 23 of 2025);

(b) "Form" means the forms appended to these rules;

(c) "Government" means the Government of Goa;

(d) "Section" means a section of the Act;

(*2*) Words and expressions used in these rules but not defined hereinabove shall have the same meaning as are respectively assigned to them in the Act.

3. *Payment of Electronic Transaction or Service Charges.*— The employer shall pay the electronic transaction or service charges as fixed by the Government from time to time for availing e-services under the Act and these rules.

4. *Form for intimation of commencement of business by employer engaging less than ten employees.*— The employer of every establishment engaging less than ten employees shall submit an online intimation in Form-A hereto regarding commencement of business along with the details specified in the Act and in Form - A hereto and relevant documents.

5. *Issue of receipt of intimation.*— After receiving an intimation in Form – A alongwith all details and documents, a receipt of such intimation in Form-B hereto shall be issued to the applicant online and the details thereof shall be recorded in a register maintained for that purpose in Form – C hereto.

6. *Closing of business— (1)* Every employer of an establishment engaging less than ten employees on closing of its business permanently shall communicate the same to the Facilitator-cum-Inspector, in Form – D hereto.

7. *Daily and weekly hours of work and interval for rest*.— (*1*) The number of hours of work which shall constitute normal working day for an employee whose wage period is on a daily basis shall be eight hours.

(*2*) The number of hours of work which shall constitute a normal working day for an employee whose wage period is other than on a daily basis shall be so fixed that the total number of weekly working hours shall not exceed forty-eight hours.

(*3*) The interval for rest shall be as notified by the Government.

8. *Notice of hours of work, rest interval, weekly holiday*.— Every employer shall display a notice on a notice board and at a conspicuous place of the premises of the establishment showing the hours of work, rest-interval, weekly holiday in Form – E hereto.

9. *Cleanliness, lighting and ventilation.*— Premises of every establishment shall be kept clean and free from infection. It should have proper ventilation and lighting. No rubbish, filth or debris shall be allowed to accumulate or to remain on any premises or in an establishment or in the surroundings of such establishment in such position that effluvia therefrom can arise within the area of the establishment or its surroundings.

10. *First-aid appliances.*— Every employer shall maintain such duly equipped first-aid box in each establishment with the following first-aid appliances and medicine, namely:—

(*i*) small, medium and large sterilized dressing in required numbers;

(*ii*) large size sterilized burn dressing in required numbers;

(*iii*) packets of sterilized cotton-wool in required numbers;

(*iv*) pair of dressing scissors;

(*v*) bottle containing solution of iodine or mercury-chrome;

(vi) bottle containing solution of savolatine having the dose and mode of administration indicated on the label;

(*vii*) bottle containing potassium permanganate crystals;

(*viii*) any antidote for burns;

11. *Latrines and urinals.*— Every employer either individually or group of employers shall provide and maintain a common, neat and clean urinal and latrines facility with supply of antibacterial liquid soap, for men and women employees, wherever possible separately in such sufficient numbers. It shall be well ventilated with exhaust fan and lighted and safe for use of women worker in particular. It should have a proper provision of water supply and flushing of waste.

12. *Maintenance of registers and records.— (1)* The employer shall maintain registers and records containing the details with regard to employees employed, attendance register cum muster roll, register of wages , overtime, advances, fines, deductions, wage slip as specified under the Goa Code on Wages Rules, 2026.

(*2*) Every employer shall provide to each employee with a book called 'Leave Book' in Form–F hereto. A copy of the same shall be retained by employer. All the entries of sanctioned earned leave as per Section 20 shall be noted in the Leave Book. Any earned leave applied for and is refused shall also be noted in the Leave Book with initials of the employer or his representative in the respective column of Leave Book. If the Leave Book is lost by the employee, the employer shall provide him the duplicate copy of the same. However, every employer shall be free to maintain Leave Book in such format as he deems fit providing therein all the particulars which would be inconsonance with Form–F hereto.

(*3*) Every entry in the register or records required to be maintained shall be authenticated digitally or manually by the employer or by the manager or any person so authorised by him. The entries relating to overtime shall be made immediately after completion of such overtime work. In case both the employer and the manager are absent on any day, the entries shall be authenticated by such person as may be authorised in writing by the employer.

(*4*) Every employer shall preserve all the registers and other records for a period of five years from the date of last entry made therein and shall produce the same whenever demanded by the Facilitator-cum-Inspector. The records shall not be destroyed even after the expiry of period of five years which are necessary and required for complying with obligation towards an employee on cessation of his employment.

(*5*) Where an office, store-room, godown, warehouse, or work place used in connection with the trade and business of an establishment is situated at the premises other than the premises of such establishment, all such registers and records required to be maintained under the Act and these rules may be separately so maintained in respect of such office, store-room, godown, warehouse or work place, etc.

13. *Annual Return.*— Every employer shall on or before 28th or 29th day of February following the end of each calendar year upload a return in Form-G hereto on the designated portal and hard copy of the same shall be furnished as and when demanded by the Facilitator-cum-Inspector.

14. *Other particulars on identity card.*— Along with the particulars to be contained in the identity card of worker specified in Section 30 of the Act, the identity card shall also contain an emergency contact number of worker.

15. *Powers of Facilitator-cum-Inspector.— (1)* The Facilitator-cum-Inspector shall make such examination as may appear to him to be necessary for the purpose of satisfying himself that the provisions of the Act and rules made thereunder and any orders issued by the Government or the Local Authority under the Act and rules made thereunder are duly observed.

(*2*) Inspector-cum-Facilitator shall, after every inspection, as may be deemed necessary, issue improvement notice pointing out the non-compliance of provisions of the Act and the Rules made thereunder.

16. *Procedure for Compounding of Offence.*— (*1*) Any person desirous of compounding of offence under sub-section (*1*) of Section 36 of the Act may make an application in Part-A of Form-H hereto electronically or manually to the Gazetted Officer notified under said sub-section.

(*2*) The Gazetted Officer referred to in sub-rule (*1*) shall on receipt of such application, shall examine all the documents, the nature of breaches of the Act and rules made thereunder and shall pass a detailed order within seven working days from receipt of application thereby compounding the offence for fine

provided for such offence under the Act and the same shall be paid by the person directed within thirty days of the order of compounding issued by said officer.

(*3*) The compounding officer shall issue a compounding certificate in Part-B of Form-H hereto within ten days of receipt of the compounding amount, to such person from whom such amount has been received in compliance of the compounding order and the Compounding Officer shall make necessary entries in a register kept for that purpose.

(*4*) In case where a person so directed fails to deposit the compounding amount within the time specified, prosecution shall be instituted before the competent court against such person for such offence in respect of which the compounding order was issued.

By order and in the name of the Governor of Goa.

Manesh Hari Kedar, Under Secretary (Labour).

Porvorim.

FORM–A

[*See* rule 4]

APPLICATION FOR INTIMATION

Employer Photo

1	Name of the Establishment	:-		
2	Previous details of establishment	:-		
	In case of online Certificate (i) Registration No.	:-		
	(ii) Application ID No.	:-		
3	In case of Manual Certificate Registration No.	:-		
4	Date of Expiry	:-		
5	Address and situation of the Establishment	:-		
6	Date of Commencement of Business	:-		
7	Nature of Business	:-		
8	Details of Manpower/workers		Men	Women
	No. of Employees			
	No. of apprentices under the Apprentices Act, 1961 (5 of 1961)			
	No. of contract employees			
	No. of part time employees			
	Total			
9	Name of the Employer			
	Residential Address of the Employer			
	Status/Designation			
	Mobile No. and e-mail ID			
	Aadhaar Card No. (upload copy)			
10	Name, Address, Mobile No. and E-mail ID of the Manager (if any)			
11	(a) Category of Establishment i.e. Shop/ Establishment/Residential Hotel/	:-		

	Restaurant/Theatre/Other places of public amusement or entertainment and other establishment			
	(b) Type of organisation i.e. Proprietor, Partnership, LLP, Company/Trust/ Co-operative Society/Board			
12	Name of the members of employer's family employed in the establishment	:-	Name of the person	Relation
	Total			
13.	(A) Is the place of business conducted in owned premises?	:-	Yes/No	
	If yes, details of the owner	:-	Name of the owner– Address– Plot No.- House/Gala/Shop No.– City Survey No.- Name of the Building/Society– Name of the Road– Locality, District, Taluka, Village– Pin No.-	
	(B) Is the place of business conducted in rental or leased premises?		Yes/No	
	If yes, details of the lessor as per agreement.		Name of the lessor – Address – Plot No.- House/Gala/ Shop No. – City Survey No.- Name of the Building/Society – Name of the Road – Locality, District, Taluka, Village – Pin -	
14	Is the business conducted in the premises owned/rented by any member of the family/relative?	:-	Yes / No	
15	Is the place of business is conducted in a flat/apartment or residential unit in a housing society?	:-	Yes/ No	

Self-Declaration

I/We hereby solemnly affirm and state that the business which I/we 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 am/we are conducting the said business is free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I/We hereby declare that the information provided above is true and correct to the best of my/our personal knowledge, information and belief. I am/We are fully aware about the consequences of giving false information. If the information is found to be false, I/We shall be liable for prosecution and punishment under the Bharatiya Nyaya Sanhita, 2023 and/or any other law applicable thereto.

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

I/We 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/We will not undertake any illegal activity or any business prohibited in law in force in India.

I/We 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/We hereby declare that the copies attested by me are true copies of original documents. I am /We are well aware of the fact that if the copies are found false/forged, I shall be liable for prosecution and punishment under the Bharatiya Nyaya Sanhita, 2023 and/or any other law applicable thereto.

I/We undertake to abide by the provisions of the Goa Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2025 (Goa Act No. 23 of 2025) and the Rules and orders passed thereunder by any Authority.

Date:

Place: Name and Signature of Applicant.

———————

FORM–B

[*See* rule 5]

INTIMATION RECEIPT

The employer has intimated the following details for having commenced the Business in Form "A" to this office. The details thereof are as follows:–

1	Receipt Number	:-	
2	Application Id number	:-	
3	Name of the Establishment	:-	
4	Total No. of Employees	:-	
5	a) Name of the Employer	:-	
	b) Address of the Establishment	:-	
	c) Registered Office Address of the Establishment (if any)	:-	
6	This is just an acknowledgement of the intimation application and not a proof of existence of the business and the place of business as mentioned in the Intimation application. It shall be the responsibility of the employer to obtain all the prior and post permission, permit, licenses mandatory for the conduct of the said business and for the place of business from the concerned authority. This is just a receipt and does not give any right to property or possession or title of the rights of the premises or property.		
7	Nature of Business	:-	
8	Old Registration No. and Date, if applicable	:-	

Note :- This is an electronically generated receipt, hence does not required signature.

Date:

Place: Office Address.

FORM–C

[*See* rule 5]

REGISTER OF ESTABLISHMENT (Received Intimation)

(For Establishment engaging less than ten workers)

Sr. No.	Intimation Receipt No. with Date	Name and Address of the Establishment	Name and residential address of the Employer	Name and residential address of the Authorised Person and Manager	Whether establishment falls under public/private sector
(1)	(2)	(3)	(4)	(5)	(6)

Situation of office, showroom, godown, warehouse or workplace, if any, attached to the establishment but situated in premises different from those of the establishment	Date of Commencement of business	Nature of the business	No. of family members of employer employed in the establishment (Men/Women)	Total No. of Workers [Including part time workers]
(7)	(8)	(9)	(10)	(11)

———————

FORM–D

[*See* rule 6]

INTIMATION OF CLOSING OF BUSINESS

(For establishment engaging less than ten workers)

To,

The Facilitator-cum-Inspector,

Office address.

Subject: Closing of business and removal of the name of the Establishment from the Register.

Dear Sir,

I/We wish to inform you that I/We have permanently closed the business of the establishment as per the details mentioned below:-

I/We request you to remove the name of our establishment from your register.

Details of Establishment

1	Intimation Receipt No.	:-	
2	Name of the Establishment	:-	
3	Address of place of establishment	:-	
4	Registered/principal office address, if any	:-	
5	Type of organization	:-	Proprietor, Partnership, LLP, Company/Trust/ Society/Board
6	(A) Category of business (B) Nature of business	:-	
7	Name & Residential Address of the Proprietor	:-	

8	Details of the Partner/Director/Trust/Board Member/Member	:-			
9	Name and Residential Address of Authorized person, if any	:-	Name and e-mail	Aadhaar Card No.	Mobile No.
10	Name and Residential Address of Manager, if any		Name and e-mail	Aadhaar Card No.	Mobile No.
11	Manpower Details	:-	Men	Women	Total
12	Date of closing of business	:-			
13	Reasons for closing of business	:-			

Self-Declaration

I/We hereby solemnly affirm and state that the business which I/we had started was 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 was/we were conducting the said business was free from violation of any Act, Rules, Order of any Court of Law or any Competent Authority.

I/We hereby declare that the information provided above is true and correct to the best of my personal knowledge, information and belief. I am/We are fully aware about the consequences of giving false information. If the information is found to be false, I/We shall be liable for prosecution and punishment under the Bharatiya Nyaya Sanhita, 2023 and/or any other law applicable thereto.

Date:

Place:

Name and Signature of Applicant

_____

FORM – E

[*See* rule 8]

NOTICE OF HOURS OF WORK, REST-INTERVAL, WEEKLY HOLIDAY

Name and address of the Establishment: _____

Name of the Manager/Authorised representative : _____

All the workers in the establishment are hereby informed that the hours of work, rest-interval and weekly holiday of each worker is given below:-

Sr. No.	Name of worker	Designation	Hours of Work from ……. to……..	Rest-interval from ….... to……	Day of weekly holiday
(1)	(2)	(3)	(4)	(5)	(6)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Date:

Place:

Signature of the Manager
or Authorised representative

FORM – F

[*See* rule 12 (2)]

LEAVE BOOK

Name and address of the establishment:

Name of employer:

Name of employee:

Father's name:

Date of appointment:

Serial Number in the Register of the Employees:-

Leave with Wages

1	2		3	4		5			6	7	
Date of Application	Applied		No. of days of leave to which he is entitled	Leave Granted		If refused in part or full			Balance Leave accumulated and carried forward	Signature	
	From Date	To Date		From date	To Date	From date	To Date	Reasons		Employee	Employer

Sick Leave

1	2		3		4	5			6	
Date of Application	Applied		Leave granted		Balance due	If refused in part or full			Signature	
	From Date	To Date	From Date	To Date		From date	To date	Reasons	Employee	Employer

Casual Leave

1	2		3		4	5			6	
Date of Application	Applied		Leave granted		Balance due	If refused in part or full			Signature	
	From Date	To Date	From Date	To Date		From date	To date	Reason	Employee	Employer

———————

FORM – G

[*See* rule 13]

ANNUAL RETURN

(For the year ending as 31st December ……..)

1. Name of the Establishment **:-**
2. Name of the Owner/Partner/Occupier/ Director/Authorised Person **:-**
3. Name of the Manager **:-**

4.	Total number of Employees	:-	Men		Women	
	Regular					
	Contract Labour					
	Casual					
	Part time					
	Others					
	Total					
5.	Nature of Business	:-				
6.	Number of shift	:-	1st	2nd	3rd	
	Average number of persons engaged shift wise.					
7.	Whether notice of shift is displayed and copy sent to the Facilitator?	:-	Yes		No	
8.	Number of women employees engaged during the year (if applicable)	:-				
	Number of women employees engaged in night shift					
9.	Whether consent letter from women employees working in night shift is obtained? (if applicable)	:-	Yes	No	N.A.	
10.	Whether notice showing the weekly holiday of each employee is displayed?	:-	Yes		No	
11.	Whether committee under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (14 of 2013) is constituted ? (if applicable)	:-	Yes	No	N.A.	
	Name of the Chairman of the Committee					
12.	Whether police verification of all the drivers and staff engaged in transportation of women employees is obtained ? (if applicable)	:-	Yes	No	N.A.	
15.	Is identity card issued to all employees?	:-	Yes		No	
16.	Is leave book maintained ?	:-	Yes		No	
17.	Whether First Aid box is maintained?	:-	Yes	No		
18.	Whether the sufficient number of laterines and urinals are provided	:-	Yes		No	
19.	Whether all the records and registers are maintained and required notices are displayed.	:-	Yes		No	
20.	Any application for compounding of an offence is made during the year ?	:-	Yes		No	
	if yes,					
	Date of application					
	Date of disposal					
	Amount of fees deposited					

21. Number of accident occurred in the establishment during the year. **:-**
Number of employees injured.
Amount of compensation paid.

Declaration

I/We, Mr./Mrs. ---------- hereby solemnly affirm that all the information mentioned in the annual return are true and correct. I /we am/are aware that if any information submitted by me turns out to be false or not true or incorrect, I shall be liable for legal action under the concerned Law.

Date :

Place : Signature of Employer

_____

FORM – H

Part A
[*See* rule 16(1)]

APPLICATION FOR COMPOUNDING OF OFFENCE BY AN EMPLOYER

To,
The Compounding Officer,
Office Address.

Subject: Request for compounding of offence/s.

Reference: Inspection memo dated ……..……..……..

Dear Sir,

This is to inform you that the local areas Facilitator visited and inspected our establishment on ----------- (date). He had pointed out certain breaches of the Goa Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2025 (Goa Act 23 of 2025) and the rules made thereunder during his inspection an inspections memo as referred above was issued to us..

I/We are willing and request you to compound all the offences mentioned in the inspection memo, or to compound only the following offences mentioned in the inspection memo.

Sr. No.	Section/Rule	Description of offences in short

You are, therefore, requested to compound the above offences. We will deposit the amount of fees as decided by you within the time mentioned in the order passed by you.

I/We am/are aware that if we failed to pay the fine in stipulated time we will be liable for additional fine as per the provisions of the Act and prosecution may also be launched against us in the Court o Law.

Date: Name and Signature of the Proprietor/Partner/Director or Authorised Representative

Place: Name and Address of the Establishment with Seal.

PART – B

[*See* rule 16(3)]

Compounding Certificate

Ref: Insp No……..….. Date:

This is to certify that the offence under sub-section …… of section 54 in respect of which Notice No. dated: …… was issued to Sh……. (Applicant), the employer of ……. (name and registration number of establishment) has been compounded on account of remission of full amount of Rs …….. (Rupees _____) towards the compounding of offences to the satisfaction of the said notice.

(Signature)

Name and Designation of the Officer

Date:

Place:

To:

……..(Employer/Establishment)

……(Name and registration number)

…….(Address)

_____

SCHEDULE

(*See* rule 4)

List of documents to be uploaded for intimation (Form A):

1. Aadhaar card of the employer (in case of legal statute such as company, etc. copy of Aadhaar card of responsible person under the respective act.)

2. Actual photo of the establishment displaying the interior and the Name Board at the appropriate place of the establishment.

3	Details of the Partner/Director/Trustee/Board and Society Members.	:-	Name and Residential Address	Aadhaar Card No.	Mobile No. and e-mail id.
4	Resolution in case of Board/Corporation with number and date.	:-			
5	In case of Company or LLP, certificate of incorporation or partnership registration certificate of appropriate authority				
6	In case of Co-operative Society or Trust, the certificate of registration of appropriate authority				
7	Registration No. of Reserve Bank of India/Securities and Exchange Board of India/ Insurance Regulatory and Development Authority, etc. or any such registration number which is mandatory before starting such business as banking/share/mutual/fund/insurance/ finance lending institute, etc.	:-			

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