INSPECTION REPORT

			1.50%		1.1	
	1. Name and Designation of the		Date	17/4/11	Time.	,40 pg
	Authorised Officer	Vec	unitalistation in	Asst. Lab	our Office: (CAM
Ŷ	2 Name and Address of the Shop/ Establishmen	t :	7	rant Pe	a Ctuly	
				elus nevele	Lavone	
- 71	Name of the Employer		So. M.	Amana	- , +11	24
4	R.C. Number				Plo Terma	und,
5	Nature of business	4	223	V		
6	Number of Employees		112 =-	Huy		10.1
11)	A.P. SHOPS AND ESTABLISHMENTS ACT., 1988:	#	-3		B Noy	pac-1 oly of
2	Whether Form-II (RC) displayed or not	4	w.bm		Em.11	W 300
2.	Whether Registration Certificate renewed or not	t si	VIO	0 0	. K	Negi Lob
3,	Labour Welfare Fund paid or not for the year		N W	expelient		, will can
4.	Employment Register in Form-XXII	84	- No			
5,	Leave Register in Form-XXV		1-13	sandral		
	Ack . of Appaintment letter in Form XXVI	4	*	J		
	Visit Book		_	944 -		
8.	Weekly Holidays List in Form- XX IV	3	Prin	wy		
9.	Whether name board of the shop /Esti. displayed		-			
017	MINIMUM WAGES ACT	in Telugu	or Not			
1.	Wage register in Form - X			F -		
4	Ack. Of Pay slips in Form-XI		year	mentra		
			4.6			

- Abstract of Minimum Wages Act and Rules in Form XII
 Attendance Register in Form- V

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ζ,	cu		Age	
S	4	Residential Address		
of Chr.	ch	ment	Date of	
	6	Date of Desig- Appoint Desig- ment nation		
	7	per month		
	8	Basic		
1,600/2		VD.A	Wages Paid	
		Total	4	
Low Car	11	Employee	Signature of the Employee	
	12	DATE OF THE PARTY	Damada	