On North	CTION REPORT
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1.R.C.No	Venicre Nin / For MTW Auti
2. Name of the shop/Ests/B&C ESSMTLIF Factory with possel Address (including Phone No.)	Mary affer wan
 Full Name. Age. Father/Husband's Name of the Employer with his Residential Address (including Phone No.) 	Elementale for demanding
 The person Present during Inspection (naneps/ages/represent/site, paymenter-etc.) 	enfliger_
Complaince & Non Complaince of Vennus Pa	ravasians Mancos RC not familiard
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