Name of the Employee EMPLOYEES STATEMENT Shop/Establishment Name and address of the Date and Time Whether Labour Welfare Fund paid for the year Whether Registration Certificate renewed for the year Form-XII (Abstract of NW Act. & Rules) Name Board of the SHOP/ESTT, in Telugu is Exhibited or not? Whether Visit Book Produced or not Form - XXII (Employment Register) Form-XI (Ack., of Wages Slips) Form - X (Wages Register) Farm-XXVI (Ack., of Appointment Letters) Form-XXV(Leave Register)/form - XXIV (Weekly Holiday List): INSPECTION REPORT UNDER A.P.S.E.ACT & MINIMUM WAGES ACT. n-I(RC)displayed or not? C ANDHRA PRADESH SHOPS AND ESTABLISHMENT ACT. . ren : medium 1015 Paro. un flame 36,01 BONLOW Designation SRI VIJAYA MEDICALA.
CHEMISTS & DAUGGISTS

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SHI VIJAYA MEDICAN CHEVISTS & DRUGGISTS CHEVISTS & DRUGGISTS Durrada Station Inmanapolem, Visabhapatinam-4 No. 1075/APIVM/A 2000419

NO-8, VIZAGE

ATHEMENT SHOWING THE PARTICULARS OF THE EMPLOYEES EMPLOYING IN SHOP/ ESTABLISHMENT

Supremit me Employee With Father's Name

Residencial address

Date of Appointment Designation

wages fixed per month.

Minimum Wages paid per month

Signature of the Employee

- 1 SWELLMANNE 30 JAJES MUNISH

Signature of the Employer/ Manager of the Shool Establishment

Signature of the Inspecting Officer and designation

Asst. Labour Officer, Bheemunipatnam