GOVERNMENT OF ANDHRA PRADESH LABOUR DEPARTMENT

	INSP	ECTION REPORT
Date	12/12/15	Place godon
Time	12.30 P.M	R.C. No.
1.	Name of the Shop/I	Establishment & Address :
	zinna	" Town. Bota
2.	Name of the Employe	reage: ponte. Estavi
3.	Father's Name :	100.
4.	Nature of Business :	BAST
5,	Remarks :	
5hop 12(1)		
Signi	nure or the Employer / i	Signature of the Impecting Officer & Assistant Labour Officer.

Signature of the Accompanied Officer