

**GOVT. OF ANDHRA PRADESH  
LABOUR DEPARTMENT**

**INSPECTION REPORT  
(SHOPS & ESTT)**

Date : 21-4-2015

Time : 11-15 AM.

- |  |   |
|--|---|
| 1. Name and designation of the authorised officer (Assistant Labour Officer)   | : Syndicate Bureaus                             |
| 2. Name and address of the Shops/Estt.   | : 48-14-28.                                     |
| 3. Date and Time of Inspection   | : 21-4-2015, 11-15 AM                           |
| 4. Name, age of the employer / Manager (designation) with father's name  | : Neelam Toxand                                 |
| 5. Registration No of Shop / Estt.   | : AG-02-03-127-017856                           |
| 6. No. of employee as per the R.C./found on physical verification (obtain details of workers, designation, salary, length of service etc). | : 50 employees                                  |
| 7. Whether Appointment letters issued  | : Not Produced                                  |
| 8. Details of statutory registers maintained   | : Registers of A.E.S. and E.T. are not produced |
| 1. 2. 3. 4. 5.   |   |
| 9. Whether weekly off allowed to workers   | : -   |
| 10. Details of leaves (EV/SL/CL) allowed to workers  | : -   |
| 11. Whether Labour welfare fund paid, if so, specify details   | : Registered under 6-1-2015                     |
| 12. Whether Payment of Bonus Act is applicable and details of Bonus paid   | : Not applicable                                |
| 13. Whether equal wages paid to women workers on par with male workers for equal work  | : -   |
| 14. Maternity benefit Act. (No. of women availed the benefit with details)   | : -   |
| 15. Any other particulars  | : -   |
| 16. General remarks of the inspecting officer which will include any special reports.  | : -   |

Signature of the employer/  
Manager / with stamp

Signature of the Inspector  
A. L. S. V. S.

STATEMENT SHOWING THE PARTICULARS OF THE EMPLOYEES EMPLOYED IN SHOP/ESTABLISHMENT

Sl. No.	Name of the Employee with Father's Name	Age	Residential Address	Date of Appointment	Designation	Minimum wages to be paid per month	Wages Paid			Signature of the Employee	Remarks
							Basic	V.D.A.	Total		
1	2	3	4	5	6	7	8	9	10	11	12
1.	S. Suresh W/o Sivabasaiah	36	Arilwa	12/2/20	Sales gnd	8136=00	8000/-			S. Suresh	

Signature of the Employer / Manager  
of the Shop / Establishment

Signature of the Inspecting Officer and Designation  
Asst. Labour Officer - 12