INSPECTION REPORT

VZM

Name and integration of the authorised Officer
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Name and address of the Grop/Ext.
 On . . . Cell .

Date 27/4/15
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3. Date of previous trapectors

 Name, age of the Employentifunager (designation) acts father's name

5 Registration No. of Drop/Est.

 No. of employees as per the R C Abused on Physical verification (obtained datals of endours, chargination, salary, length of service etc.)

F. Whether apportment letters issued.

8 Details of Statutory Registers produced under

E. Whether woodly off allowed to workers

-10 Details of leaves (EL/SL/CL) allowed to workers

71 Whether labour welfare fund paid, if so, specify details.

 Whether payment of Bonus Act is applicable and details of Bonus paid

13. Whether equal wages paid to eccusi work on par with make workers for eccusi work.

 Maternity Benefit Aut (No. of worsen awaled the benefit with datase)

15. Any other particulars.

 General remarks of the impecting officer which will arouse any special reports - Name Board displayed in

Read over and explained in TelegraEnglish.

A TI Chery hid Signature of the Employer Manager / with stamp

Signature of the Inequation

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