

INSPECTION REPORT

21/9/2014

Date: 25/5/2016
Time: 9-10 AM
Place: Durgam Cheruvu

49
19

Name of the Establishment: Meenagalli Veterinary Dispensary
Nature of Business: Break Service
Category of Establishment: Shop/Comm. Establishment/Hotel/Theatre
Name of the Employer: Mr. Meenagalli Veterinary Dispensary, Meenagalli
Employer: Mr. Venu Chandra

25-5-2016

Reg. No. AP-05-24-009-0187351

Inspection remarks:

Particulars/ Statements of the employees working in the establishment

S.I. No.	Name of the employee	Designation	Working Since	Total Gross wages paid Rs.	Whether furnished with apt letter	Signature of the employee
1	Venu Chandra	Owner	5 months	400/-	Yes	
	Venu Chandra	Owner	5 months	300/-	Yes	
7	Meenagalli Veterinary Dispensary	Owner	5 months	400/-	Yes	
	Meenagalli Veterinary Dispensary	Owner	5 months	300/-	Yes	

A.P.SSE Act:

- Whether the establishment is registered / R.C. renewed for the year 2016? Yes
R.C. Renewed upto 31/3/2018
- Whether the following registers, records and notices which are required to be maintained or displayed under the A.P.SSE act & Rules are properly maintained and produced on demand at the time of inspection?

RC Exhibited	Form XXX	Form XXXI	Form XXXIV	Form XXXV	Form XXXVI	Visit Book
Yes	-	-	-	-	-	-

- Whether intervals of rest, holidays are observed and limit of hours of work, spread over are not exceeded? Yes
- Whether the provisions regarding leave, Holidays with wages and maternity benefit are properly observed? Yes
- Whether the provisions of cleanliness, ventilation, Precautions against fire and safety of employees are properly observed? Yes
- Whether the provisions relating to the payment of over time are duly observed? Yes

Minimum Wages Act:

- Whether Minimum rates of wages and CLA Paid to all employees? Yes
- Whether the prescribed register viz form V.X.XI, and Xii and maintained/exhibited and produced at the time of inspection?

A.P. Labour Welfare Fund Act: Whether A.P. LWF for the Year 2015 is paid in respect of all employees? Yes
LWF Paid upto 2017

I declare that all the details recorded above are true and correct to the best of my knowledge

Payment of wages Act: The employer has failed to pay wages through the Bank Accounts

Signature of the representative of employer / Management / or any employee present.

Signature of the representative of employer / Management / or any employee present.

Signature of the representative of employer / Management / or any employee present.