INSPECTION REPORT

Date and Time

22 WIT 11:30Am.

ii. Name and addressof the Establishment

D.NO.25-2-6,
OPP:JAGADAMBA THEATRE
VISAKHAPATNAM-02

iii. Name of the Employer

K. Narayana Reddi (35)

iv. R.C. Number

v. Nature of business

vi. No. of Employees

A.P. SHOPS & ESTABLISHMENTS ACT. :

Whether Form-I (RC) displayed or not?

ii. Whether Registration Certificate Renewed or not?

iii. Labour Welfare Fund paid for the year

Employment Register in Form-XXII

v. Leve Register in Form-XXV

vi. Ack, of Appointment letter in Form-XXVI

vii. Weekly Holidays list in Form-XXIV

vill. Visit Book

wi. Whether name board of the Estt. is displayed in Telugu or Not.

MINIMUM WAGES ACT :

Wage Register in Form-X

Ack. of wage slips in Form-XI

iii. Abstract of Minimum Wages and Rules in Form - XII

iv. Muster Roll in Form-V

Readymade Grannet.

R.C. Not Displayed. Not renewed that 2015

Not paid toll

Not produced onder.

Displayed in Telugu.

Not produced a ded

Mi Salvice Ricci Signature of the Employee / Manager

22/4/15 SECS MON

Assistant Labour Officer

Alb - 17, V 80

NAME OF THE ESTABLISHMENT:

STATEMENT OF THE EMPLOYEES:

NAME OF THE EMPLOYER:

Date:

	Namo of the employee, age Father name, address	Designation	Length of Service	Per Month Rs.	Working Hours	Weekly Holiday	Appointment Letter Issued / Not	Signature of the Employee
0	Neelam. Roju (26) So N. Venkaha Raz, Ramha	soley	25°	-/005,r	10:30- 9:00pm	cude		JON N. Y
103	Karri. Rameth (23) 3lok-mazaidh MR 00to.	Scaley	500	-/000/L	10:30 - 9:00pm	3		K. K. Bance M.
- 01		Me) soly	month	my 000/4	10:30- 9:00m	¥.		L D. Clark
01	Kardinalli Mahalakshmi Slok Appa Rox, poornamak	Selly Stally	Moonly	Hoas'4	4:00/pr			1. H. Natue
	Mirthipati Sankana Rasa (19) 2- 310 M. Rama Ras, Akkayapala		S. Jan	8,000-	10:30-	w.		22.141.55
					/			12
	71		7		9-			23
- 5	Signature of the Employeet Begggsentative		100				ō	Solaling.