

SKM  
20

Asst. Labour Officer, Circle - 1

01. Date and place of Enroute inspection and Time 29/4/15, Kavity @ 5:00 PM
02. Name of the M.T. Undertaking and Address with Regn. No. under M.V. Act. Tosetor & Son
03. Classification of Vehicle AP 30X7100 AP 30X2344
04. Details of Load carried and place from where it is running empty -
05. Name of the Permit holder with address Anupama durgodhara  
Kotari (H) 5/0 gundamudhy  
Etchapuram (Mand)
06. Name of the Pay Master with Address if any - do -
07. Name of the M.T. workers travelling in the Vehicle with their appointment date/wage earned etc.,

Cell : 7658993342

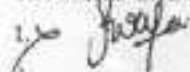
- |    | Name of the employee | designation | B.No.  | L.No.     | Wage   | Service |
|----|----------------------|-------------|--------|-----------|--------|---------|
| 1. | Konni Suryanarayana  | driver      | Ap1302 | 600000702 | 600000 | 1 year  |
| 2. |                      |             |        |           |        |         |
| 3. |                      |             |        |           |        |         |
| 4. |                      |             |        |           |        |         |
08. Whether C. Book/trip sheet is produced for Verification yes -
  09. Whether M.R. Regn. No. Under M.T.W. Act is marked on the left hand side of the Vehicle No -
  10. Whether Individual Control books provided to the driver with names of members of crew accompanying the driver. No -
  11. Whether uniforms are provided to the employees by the Employer No -
  12. Whether First Aid Box is fitted in the Vehicle with requisite medicines and equipment No -
  13. Whether appointment letters in Form No. XIV have been issued by the Employer to the employees No -

Statement of the Employees :

మేము తమ Konni Suryanarayana

పై వాహన నెం. Ap 20 x 7100

లో పని చేయుచున్నాము. సహారు  
కార్యదర్శి గారు వాహనమును తనిఖీ చేసినప్పుడు అదిగల విషయములు మేము తెలియవచ్చుగా ప్రాసినది చదివి వినిపించగా  
మనకు ముఖ్యం చేసినది.

1. 

2.  
3.  
4.

N. h. 7