

INSPECTION REPORT

Date: 26/5/2016

Time: 9:00 AM

Place: Dampagadip

Name of the Establishment: Kavitapir Chandra Ramachandran

Nature of Business: P.P. Road, Dampagadip

Category of Establishment: Shop/Comm. Establishment/Hotel/ Theatre

Name of the Employer: Kavitapir Chandra Ramachandran

Emp No: 9949343629

Reg. No: AP-05-74-009-0184314

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	Kavitapir Chandra Ramachandran (S.I. No. 9949343629)	Owner	5 months	400/-	Yes	[Signature]
2	K. Parvathi (w/o Kavitapir Chandra Ramachandran)	Worker	5 months	300/-	Yes	[Signature]

APSE Act.

- Whether the establishment is registered / R.C. renewed for the year 2015? Yes
R.C. Renewed upto 31/12/2015
- Whether the following registers, records and notices which are required to be maintained or displayed under the APSE act & Rules are properly maintained and produced on demand at the time of inspection?

RC Exhibited	Form XXII	Form XXIII	Form XXIV	Form XXV	Form XXVI	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 are maintained/updated 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 (w/o 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 the wages through the bank account getting wrong

(Name & Designation of the representative of employer / Management / or any employee present)

(Signature of the Inspecting Officer)
Sd/- CH. B. BRINDAVAN