GOVERNMENT OF ANDHRA PRADESH LABOUR DEPARTMENT INSPECTION REPORT

Name of the Officer: LSS & ZAGNU PATHS Date of Inspection : 18 × 2015 Designation : ASST CAROUR OFFICER Time : 415 Su Sai Cydr & Auto Name & Address of the Mar Ross Establishment Pedde nuseus 2 Nature of activity Shop &Estt. / Factory / Contract Labour / inter Category of: 3 State Migrant Establishment / Beedi & (SG/SU/CG/CU/CM/IR) (a) Name of the Owner / Chairman / 4. vresalhada Rea " Managing Director, Office Address & Permanent Address with Phone No.s (b) Name of the Manage Office Address & permanent Address with phone No.s Production commenced on 21-1- 2011 No. of workers working at the time of inspection (Name of the worker, designation, working since, wages paid and levels & other service conditions should be recorded under their signature on the reverse of the Inspection Report) Applicable Acts: A.P.S.&E. Act. / MTW Act. / Boodi & Cigar Wrokers Act / Bldg. & Other Constitution
Workers Act / E.R. Act / Contract Lab.
/ Welfare Fund Act / Minimum Wages Act / National Festival & Other Holydays Act. Whether Registration / Renewal obtained 7606/PAP forward upto Whether Minimum Wages paid MO Whether Contract Labour paid by Cheque or Account Payee. Whether Appointment Letters / Employnent Cards / Identity Cards Issued. Ten Whether Attendance, Wages and other Registers maintained 14 rregularities noticed 13 14 Remarks Day Kayma. 18/19/12 ignature of the Employer / Signature of the Inspector, mployer's Representative

> Signature of the Others Accompanying the Inspector

Asst Labour Officer
PEDDAPURAM

S.No.	Name of the Employee & Designation	Working	Wages paid Rs.	Signature of the Employee
1.	Outra Siven	4 485		
_	Helper.	-	7.1.11	YVOS STUAPAAKASI
_		- 1		The second
				EN LO
	3.1 v = =			
				7 A C V
				-
	1 - 1 - 1 - 1 - 1	1995		
	1 - 1 - 1 / 1 /	2 1 2 1		a 1 1 2 1 1 1
10	** **/ - * * ·		XI-	1 1 1 1 1
	and the same of the	-0-1	100	
	The state of the	M. Majakeri et		
	1 4 5 1 5 1 5 1			
	313 W,		-	
			-	
	11 11 11 11			
_				1 - 1 5 1 5
	4.		1 1 1 1	

Signature of the Employer /
Employer's Representative

Signature of the Inspector, Wast Labour Officer
PEDDAPURAM

Signature of the Others Accompanying the Inspector.