GOVT. OF ANDHRA PRADESH LABOUR DEPARTMENT

(SHOPS & ESTT)

Date: 37-5-7-27

I.	Name and designation of the authorised officer	
	(Assistant Labour Officer)	

- 2. Name and address of the Shops/Estt.
- 3. Date and Time of Inspection
- Name, age of the employer / Manager (designation) with father's name
- 5. Registration No of Shop / Estt.
- No. of employee as per the R.C./found on physical verification (obtain detils of workers, designation, salary, length of service etc).
- 7. Whether Appointment letters issued
- 8. Details of statutory registers maintained
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
- 9. Whether weekly off allowed to workers
- 10. Details of leaves (EV/SL/CL) allowed to workers
- Whether Labour welfare fund paid, if so, specify details
- Whether Payment of Bonus Act is applicable and details of Bonus paid
- Whether equal wages paid to women workers on par with male workers for equal work
- Maternity benefit Act. (No. of women availed the benefit with details)
- 15. Any other particulars
- General remarks of the inspecting officer which will include any special reports.

Signature of the employer/ Manager / with stamp

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Registers of Also pet a

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Signature of the inspector

STATEMENT SHOWING THE PARTICULARS OF THE EMPLOYEES EMPLOYED IN SHOPJESTABLISHMENT.

Remarks		12		9	9	7	
Signature of the	and Condition	11	DBdHa	S. V. Marray			
ъ	Total	10	1008	good			
Wages Paid	V.D.A.	a	elo	- 5-			
	Basic	60					
Minimum wages to be paid	per month	7	2513	4.4			00
Designation		80	S. J. W.	Proposal			
Date of Appointment		0	4 Kms	- As			
Residential		*	Confession of the	\{\frac{\fir}{\fint}}}}}}}}}{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}			
Age	-	,	2.7	ž			
Name of the Employee with Father's Name	6	4	D. Padma	S. V. Hawing			
No.	-	1		N			

Signature of the Employer / Manager of the Shop / Establishment

Signature of the Inspecting Officer and Designation Asst. Labour Officer