## INSPECTION REPORT

Date and Time

Name and address of the Establishment

Name of the Employer

Cell. 9966539144

R.C. Number

Nature of business

No. of employees

15-4-2015 W- 4-00pmy

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## A.P. SHOPS & ESTABLISHMENT ACT.

Whether Form -I (RC) displayed or not ?

Whether Registration Certificate renewed or not

Labour Welfare Fund paid forthe year

Employment Register in Form - XXII

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Leave Register in Form - XXV

Ack. of Appointment Letters in Form-XXVI

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Weekly holiday list in Form - XXIV Ē,

Visit Book VIII.

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

Abstract of Minimum Wages and Rules in Form - XII

Muster Roll in Form - V

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## STATEMENT SHOWING THE PARTICULARS OF EMPLOYEES EMPLOYED AND WAGES PAID ETC PARTICULARS.

S No.	Name of the Employee	Father / Husband Name	Designation	Working Since	Minimum Wages Fixed Including VDA	Wages Paid	Signature of Employee	Difference Payable PM	Amount of Claim
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Assistant Labour Office