F | 867 | 15 Child Labour Inspection Report

| District: Dist | Child Details | | | | |
|--|--|------------------|--------------------|--------------|--------|
| Mother Tongue: Child Identification on: Mother Tongue: Identification on: Mother Tongue: Identification Marks: Council Identification Marks: Council Identification on: Mother Name: Council Identification on: No. of Child Identification on: No. of Child Identification on: Mages or Salary of child: In Good one of the family: In mate worth: Mages or Salary of child: In Good of the family: In mate worth: In mate worth: | Child ID: | District | print | A | ď |
| Mother Tongue: Child identification on: Mother Tongue: Identification Marks: Council | Mandal: Norman | Village: | burney | 1 | |
| Mother Tongue: Identification Marks: (Co. A. L. | me: S- | Child Iden | tification on : | 1 | |
| Status Survey: Status Survey: | 155 | Identificat | 6.4 | | Ø |
| Action Notice in the family: Caste: purchase in the family: Mages or Salary of child: Purchase in the family: If not studying what are they dold invisical in mental disability: If not studying what are they dold invisical in the family: If not studying what are they dold invisical in the family: If not studying what are they dold invisical in the family: Scorb of Survivancy which is a family: Signature of employer Signature of witness signature of employer Signature of witness | Address : | O MY | A. | _ | |
| Caste: Hugges or Salary of child: My Wages or Salary of child: My Gaste: Hugglan in the family: If not studying what are they dold hysical If not studyi | Pare for Huperton No | والمعا | | | |
| Active the eligion: Grade the family: Road or mental disability - Road or mental disability - Road of the family: Road of the family of the family: Scalad of the family of the family: Signature of employer Signature of withess | Cement | | ٠ | | |
| Signature of employer Signature of witness | | Huddgar- | | | |
| Wages or Salary of child: [A. 9] No. of children in the family: If not studying what are they dolt about St. letter with the family: If of employer Signature of withess | Father or Mother Name Sauckson & | | | * | |
| Mages or Salary of child: [L. No. of children in the family: If not studying what are they dolf as body St. 12 tests without they dolf and St. 12 tests without they are signature of withess of employer. Signature of withess | S Newson | Caste : | missions | | |
| Mo, of children in the family: If not studying what are they dol: Ash of employer Signature of withess | Parent occupation : Makey Leader | Wages of | Salary of child: | A 2001 | 0 |
| mental disability — And Swarring what are they dolored to be to be to be to be and they dolored to be to be and they dolored to be to be and they be an another be and they be an another be and they be an another | Total Income of the family per month: | No. of ch | Idren in the famil | у: | A CONT |
| worth: worth: imbers with physical or mental disability is : Mental / Physical se : Des name Cook wanter Worker Establishment: Des name Cook wanter Establishment: Des name Cook wanter Establishment: Des name Cook wanter imployer, Age imployer, Age imployer, Age imployer, Age imployer Cook wanter imployer Cook wanter imployer Cook wanter imployer Cook wanter imployer Signature of withese | No. of children studying: | If not stu | fying what are th | ey doing: | |
| se: Mental / Physical or mental disability — stabilishment: Physical | | | | | |
| lishment: The name disability. Ishment: The name of Survey works address: S. Colbert St. 1914-19 Western the name of survey with the signature of employer Signature of withess the Signature of employer Signature of with the signature of employer signature of with the signature of employer signature of with the signature of employer signature signatu | Major property: | | | | |
| bers with physical or mental disability stabilishment: Age could Strok variung which applying a could strok be to b | Approximate worth: | - | | | 1 |
| Consture of witness | Health status : Any family members with physical or n | ontal disability | | | |
| Establishment: April Suckname works Employer, Age Imment Address: Signature of withess Ind Working in: Signature of employer Signature of withess | Disability Nature: Mental / Physical | 1 | | | |
| Establishment: Plant County wanting working the Employer, Age County | Disability cause : | 1 | | | |
| School St. 12 temps with the standard of the standard of the standard of the standard of with the standard of | Enforcement Des A | 1 | - 1 | | 1 |
| S. Cohool St. 12 to the book of the session of witness signature of witness | Name of the Establishment: 134ml | TOWNER I | 3 | | 1 |
| Signature of withese Signature of withese | v | 25 | The state | words no the | - |
| Signature of witness | Nature of work : | | | | |
| Signature of witness | | | | | 1 |
| Signature of witness | Hazardous / Non-hazardous : | | | | 1 |
| Signature of employer Signature of witness | Earlier Found Working in : | 1 | | | |
| | 10 | 1 employer | Signature of withe | | Splid |