GOVERNMENT OF ANDHRA PRADESH
LABOUR DEPARTMENT
INSPECTION REPORT UNDER ANDHRA PRADESH SHOPS AND ESTABLISHMENTS ACT, 1988
AND RULES 1990 & MINIMUM WAGES ACT 1948

Previous Inspection

Date ........................................

Name of the Officer :

Inspected
1. Name and Address of the Shop / Establishment

2. Name, Age and Residential Address of the Employer:
   
3. Registration No. of Shop / Establishment

4. No. of Employees as per the Registration Certificate / found on physical verification

5. Whether maintained and produced the following Registers for Inspection purpose
   
   (a) Register of Employment in Form -XXIII under Rule 29 (1)

   (b) Register of Wages in Form -XXIII under Rule 29 (1)

   (c) Register of Leave in Form -XXV under Rule 18 (4)

   (d) Register of Advances in Form -XII under Rule 18 (4)

   (e) Appointment Letter(s) in Form -XXVI under Rule 30

   (f) Notice of Weekly holiday in Form -XXIV under Rule 29 (3)

6. Weather Name Board of the Estt. displayed in Telugu or not:

7. Weather Visit Book Produced or not.

GENERAL REMARKS:

Report Obtained Business Started December 2012

Signature of the Employer / Manager

Date: 28.1.115 Time: 2.05 pm

Name ........................................

(Inspecting Officer)

Sanivara Medical Family
Srinivasulani Main Road
Achante
Liesa Vasire Tenali
7/95 Srinivas Vasa Pte
Apoorv Paka

Leran
Est Vithalakshmi
(G) 2/10 Venkateshwar
Phenamma 14000 p.m.

--- displayed

not produced

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Signature and Designation of the Inspecting Officer