INSPECTION REPORT UNDER M.T.M. ACT
MOTOR TRANSPORT WORKERS ACT 1961 AND RULES 1963

2. TIME OF THE INSPECTION: 4.00 P.M.
3. PLACE OF THE INSPECTION: School, Nr. 10, School, Nr. 11, School, Nr. 12, School, Nr. 13
4. NAME OF THE MOTOR TRANSPORT UNDERTAKING:
   School, Nr. 10, School, Nr. 11, School, Nr. 12, School, Nr. 13
5. OWNER OF THE MOTOR TRANSPORT UNDERTAKING: G. K. Ram

7. ADDRESS OF THE MOTOR TRANSPORT UNDERTAKING:
   School, Nr. 10, School, Nr. 11, School, Nr. 12, School, Nr. 13

8. NATURE OF THE M.T.U./LORRY/TRACTOR/TLFFER/PROCLINER:
   School, Nr. 10, School, Nr. 11, School, Nr. 12, School, Nr. 13

   In my inspection, I found the following provisions of the act
   is being violated by the employer.

   1. FIRST AID BOX:
      (Rule 28 M.T.M. Schedule III)
      [Handwritten: "Deferred"]

   2. INDIVIDUAL 'CONTROL BOOK:
      (Rule 38(1))

   3. UNIFORM:
      (Section 13 R.K1 Rule 24(1) [Handwritten: "Deferred"]

   4. R.T.O. NO:
      (Rule 13)
      [Handwritten: "Deferred"]

   In my inspection, on demand the employer failed to produce the
   following registers.

   [Handwritten signatures]
1. REGISTER OF LEAVE WITH WAGES
   (in Form No. VII under rule 33)
2. REGISTER OF WORKERS
   (in Form No. IX under rule 35)
3. MUSTER ROLL OF WORKERS
   (in Form No. X under rule 36)
4. WAGE SLIPS
   (in Form No. XI under Rule 30(2)
5. WAGES REGISTER IN FORM NO.XI
6. APPOINTMENT LETTERS IN FORM NO.XI

I found the following workers are working in the said M.T.U.,
at the time of my inspection.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of the Worker</th>
<th>Father's Name</th>
<th>Designa-</th>
<th>Length of Wages</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>N. Gopal</td>
<td>Y. Reddy</td>
<td>Position</td>
<td>Rs. 1,500/-</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Malu</td>
<td></td>
<td></td>
<td>Rs. 1,000/-</td>
<td></td>
</tr>
</tbody>
</table>

Name of the Manager:
Signature of the Manager:
Office Seal:

GENERAL REMARKS:

Name of the Employer:
Signature of the Inspector:
Circle and working place:

INpector's Seal

THE SUPERVI-
SION OF:

Name of the Officer:
Designation:
Station: