GOVERNMENT OF ANDHRA PRADESH
LABOUR DEPARTMENT


1. Date and time of inspection: 12/15

2. Name of the Shop/Estt.: [Handwritten name]

3. Address of the Shop/Estt.: [Handwritten address]

4. Name & age of the Employer: [Handwritten name]

5. Father name of the employer: [Handwritten name]

6. No. of employees: 9949558225

7. Section 7(1): Failed to keep the Shop/Estt. closed and kept opened after 8-45 P.M. and transacting business

8. Section 12(1): Failed to keep the Shop/Estt. closed and kept opened on Weekly Holiday on Sunday and transacting business

9. Section 12(5): Employee working in the Shop/Estt., at the time of inspection

10. Section 31(1): Failed to keep the Shop/Estt. closed and kept opened on National Festival/Other Holiday i.e., and transacting business

11. Rule 29 (10) (c) Visit book

Signature of person present at the time of inspection

Signature of the Inspector