### Building and Other Construction Workers (R.E.C.S.) Act, 1996

**Inspection Report**

**Date & Time of Inspection:**
- 22/12/15

**Name & Designation of the Inspecting Officer:**
- Pental Samil Kumar
- % Nagwara Redo Industrial Park

### 1. Name of the Establishment Address with Phone No. and location where building or other construction work is carried on:
- Pental Industrial park

### 2. Name of the Employer and his address:
- Pental Industrial park

### 3. Address of Local Office and Names, Designation and phones Nos. of the responsible persons:
- 9763456262

### 4. Name and permanent address of the Establishment (Owner as well as Contractor):
- 28474 Bridge

### 5. Nature of the building or other construction work:
- 1. Construction of Building

### 6. Date of Commencement of work:

### 7. (a) Number of workers working in the site at the time of inspection (including those under the Contractor):

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 8. (b) From other states (Name of the state):

- 

### 9. Probable duration of building or other construction work and probable date of completion:

### 10. Approximate total cost (Enclose the list of works if more than one work):
- 36,407 rupees
- 27,4164.8 approved.
- Cost paid to be 2742/
10. Approximate cost of construction in an year from the date of commencement of construction (Rs. in lacs)

11. Whether Notice of Commencement of building or other construction work given as per Section 46 of the Main Act. If so, on which date and the proof of sending

12. Whether applied for Registration of the Establishment under Section 7 of the Act, if so, the details thereof.


14. Whether submitted Form I of Cess Rules, if so, the details thereof.

15. Whether advance cess paid as per Rule 4(3) or 4(4) if so the details thereof

16. Whether Registration C.L. Act Under Contractor Obtained ISM Act the Licence

Yes/No.

Yes/No.

17. Remarks

Signature of the Employer or his Representative

Date:

Signature of the Inspecting Officer

Details of Workers:

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Working Since</th>
<th>Wage</th>
<th>Signature</th>
</tr>
</thead>
</table>